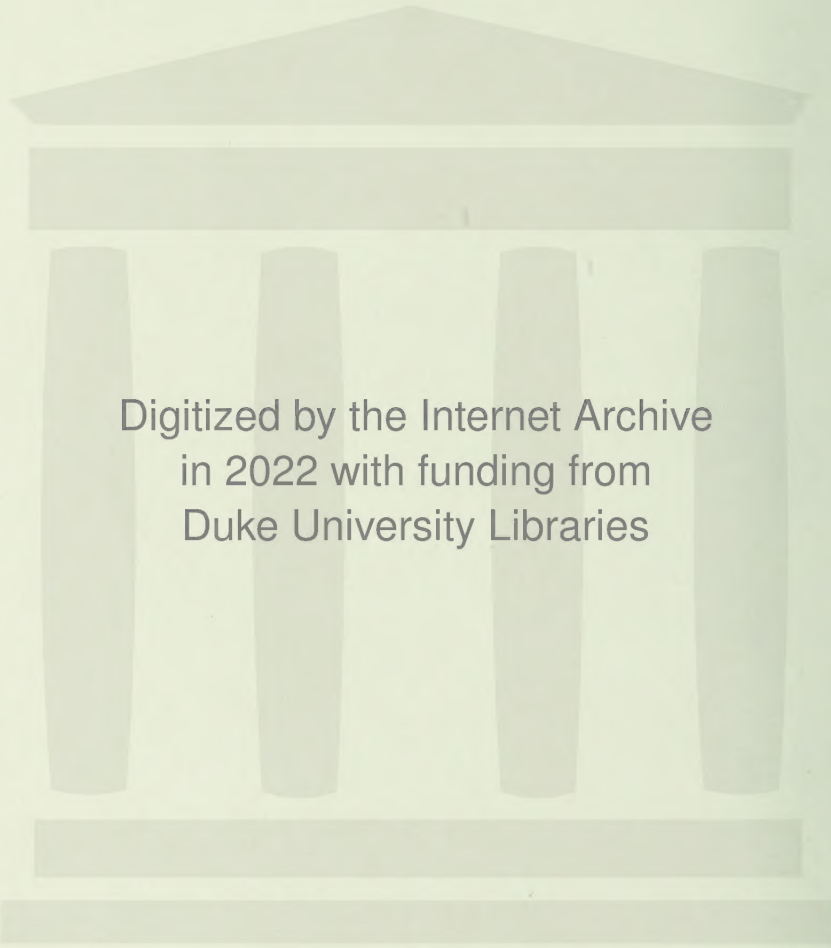


**duke
women's
handbook**

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duke women's handbook

first edition
1988-1989

Cather Bread[†]

I had been baking bread all that August morning
in the stifling kitchen,
hair pulled severely away,
sweat streaking my back.
Stopping, I bent a knuckle I had cut on the rough
wood table
to the cool dough, and drew a thin line
of blood across it.

And the thought flashed at me
of those first pioneer women, heavy set,
fighting morning sickness and exhaustion
to shape, with potato water from a day before,
sustaining sourdoughs
that would carry whole families through.
They conjured, over and over for their children, their men.
And always for themselves, coming last.
They must have it, fresh as pain as pain each time.

Chilling.
I stared at my tired fingers.
No child, no man
craving magic.
Youth has its own barrenness.
I would step into my books if I could,
and be another Antonia,
alive, challenged,
on some parched dumb plain.

Senga Carroll
Trinity '89

[†]Originally published in *Tobacco Road*, Fall 1987.

May, 1988

Dear Women of Duke,

This first edition of the *The Duke Women's Handbook* was put together by over thirty women who felt it was important to make the women's community at Duke more visible. We hope it will provide the basic health and welfare information you will need to be healthy, self-reliant members of our community. The Handbook also outlines the various organizations that have been created by women to serve our social and political needs.

The Handbook was written with the belief that our greatest resource is ourselves, our womanhood, and our own female voices. Written from our own words, spoken from our own voices, seen from our own eyes, the issues addressed here are not translated through the eyes and hands of men or experts, they reflect our own female experience.

The women who wrote this guide, are, in other words, passing on to incoming women "what we wished we had known then"... what it is like to be a woman at Duke. Together with the formation of a Women's Center, *The Duke Women's Handbook* should begin to make public some of the conversations that women carry on daily at Duke, and thus perhaps move the 'coed norm' closer to our female experience.

Unfortunately, only a few women of color worked on this first edition — if the Handbook is biased toward a white woman's experience, we hope future editions will represent more of the diversity within the women's community at Duke. It is only by working together that we will ever change the campus climate.

There is always more to be said, and your voice is a critical part of the dialogue. Make suggestions to next year's editor if there are changes you think need making or if you want to get involved with the second edition of the publication!

Pam Seamans & Susan Vickers

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Herstory

1

No formal, comprehensive herstory of women at Duke has ever been written. This does not mean, however, that women have not always had a place in the Duke community. Women began to attend Duke University when it was still called Trinity College and was located in Trinity, N.C. The first female students, Theresa, Persis, and Mary Giles, enrolled in 1874. The administration classified these women as special students, and provided them with segregated classes. However, by 1878 when the three Giles sisters graduated, the university considered them regular seniors.

The president of the college, John Kilgo, set the tone for the education of women at Duke in a series of essays published in 1893 entitled "Female Education." In these essays he described the sphere of women as different from that of men: the women's sphere required less strength and formal academic preparation. Despite these views, he strongly believed that "higher education of women is both a right and a necessity" and felt that women were largely responsible for the moral and social life of the nation, writing, "Our world will never be greater than our women."

In 1897, Benjamin N. Duke donated money for the first women's dormitory, the Mary Duke Building, which stood near the present location of Jarvis Dormitory. This dorm, which housed 15 women, was torn down in the building program of 1910-11. On Benefactor's Day, 1919, citizens in Durham announced their intention of erecting a women's building in the memory of James H. Southgate, a local real-estate developer and philanthropist. The Southgate Memorial Building completed in 1921 served as a sort of mini-residential college for women, with its own dining hall, gymnasium, and classrooms.



Judicial Board of the Woman's College, 1955

On December 11, 1924, James B. Duke endowed Trinity College, thus creating Duke University. The endowment included a stipulation for a "coordinate college for women," and in 1930, with 626 undergrads and graduate students, the Woman's College of Duke University officially opened. All women moved into the new dorms on East and men moved to West campus. The Duke University student bulletin of 1930-31 describes the Woman's College as "offering the advantages of a separate college for women...and at the same time, close association with larger university life..."

The all-female leadership of the Woman's College provided role-models and an advising system which supported female students in their aspirations and goals. The college fostered a sense of community among women and provided emotional and social support through the residence hall system. Women lived in the same dorm — sometimes even in the same room — for all four years. They developed a great sense of loyalty to their residence hall and developed close relationships with their dorm mates.

In the late 1960s, many students challenged the institutional and social structures on campus. At the Woman's College, students challenged the residence hall curfews, the after-dark sign-out sheets, and the out-of-town leave cards which regulated their lives (men's houses had no such regulations). Most students and faculty felt that the need for a separate women's college was outdated. Many believed that co-ed dorms would benefit both women and men, allowing them to get to know each other as friends, instead of just potential dates. Though some voiced fears that the merger might mean subordination, most agreed that the time had come to bring the two campuses together.

Provost Frederick Cleveland and university president Terry Sanford drew up a proposal for the merger between Trinity and the Woman's College. In 1972 the faculty approved the merger; housing on both campuses became co-ed; and the student government of the women's college merged with ASDU. Finally, on March 3, 1972, the trustees voted by an overwhelming majority to abolish Trinity College and the Woman's College and create a co-ed Trinity College of the Arts and Sciences.

Social Herstory

In 1926, the University yearbook, *Chanticleer*, was dedicated to the "University Woman." Who was this mysterious creature, thus honored by her yearbook editors? First and foremost, she was expected to be a "Southern lady" (for many years, she was white — the first black woman did not enter the university until 1963), to follow the rules and social regulations of the university and society. In the early years, no woman was allowed to possess a car, or to ride in one without permission. Women could patronize only officially approved tearooms and movies. House mothers locked the dorms at 10:30 PM; anyone arriving after 11:00 had to pay thirty cents per hour to whomever waited up at the front desk to let her in. First year students could have two night-dates per week, and sophomores three (bear in mind that a "date" was any conversation with a man that lasted longer than 20 minutes!). Women had to sign out to leave their dorms after dark, and fill out a leave-card to go out of town or overnight anywhere; male visitors couldn't walk past the residence hall parlor. In the first year the college opened to women, the tunnels that connect the buildings on East and West campuses — kept open as walkways during bad weather — were closed, having earned the reputation as the "Tunnels of Love".

Although almost all these regulations remained in existence until the late 1960s, in the fifties dress-codes relaxed, a little. Students could wear blue jeans, though not outside their dorms after 10 AM. Shorts were unacceptable at any time (students threw a long raincoat on over their shorts on the way to P.E. Two full years of P.E. were required for graduation, by the way). Some talked of abolishing sororities as early as 1945, but the Greek system continued to be

strong and a Panhellenic House existed. Involved in politics, the women's student government passed a resolution in the spring of 1960 to the Woolworth's sit-in in Durham.



Women go West, 1970s

Since 1972, several organizations have been created to support women's professional efforts within the University. The Faculty Women's Network, the Administrator's Women's Network, the Women's Law Society, the Graduate and Professional Women's Network are all currently active on campus. At the undergraduate level women have been active as well. Jan Nolting was the first woman to be ASDU President in 1987-88. In 1986 a group of undergraduate students conducted a study on how Student Affairs addressed issues affecting women at the undergraduate level. What emerged was the Coalition for a Women's Center at Duke. The Coalition presented a proposal to the University for a center that would provide a meeting place for women's support groups and speakers, a place for a library of literature for, by, and about women, a central location for health information specifically for women, and a forum for student activity on women's issues. As of the fall 1988, there will be a "Women's Center" at Duke, for 1988-89 it will be located in the Student Activities cubicles in the Bryan Center, with staffing provided by two work-study students.

Our Foremothers

Alice Mary Baldwin was the first female faculty member and the first dean of the Woman's College from 1923-1947. A scholar, historian, educator, and administrator, Alice Baldwin herself acted as a role model and encouraged students to enter the male dominated professions of politics and public life. She also called for the appointment of more women to the faculty. During World War

II, Dr. Baldwin was selected by president Roosevelt along with seven other women educators to aid the Bureau of Naval Personnel in organizing the WAVES.

Dr. Katherine Everett Gilbert, professor of philosophy and chair of the department of Aesthetics, Art, and Music, taught from 1930 to 1952. Dr. Gilbert won recognition by becoming president of the American Philosophical Society, a position held by only two other women before her, as well as President of the American Society for Aesthetics.

Lillian Briggs worked as East Campus Librarian from 1920 to 1944 and took primary responsibility for building that library's collection. Mrs. Briggs was the first professionally trained librarian in Durham, as well as Durham's first Public Librarian.

Julie Tetel graduated in 1972 with a degree in French from Duke, and continued her education at Chapel Hill, earning her Ph.D in linguistics. In 1986 she accepted a position as visiting professor at Duke, where she offers courses in linguistics, the history of the English language and in the Spring semester of 1988, a freshmen seminar on romance novels. Teaching the seminar, no doubt she draws on her own experience as a successful romance novelist. A few years ago, an interest in reading romances developed into a determination to write one herself, and in 1985 Tetel published her first novel, *For the Love of Lord Roland*. Other novels include *The Viking's Bride*, and the soon to be published *Dark Stars*.

Lisa Katzenstein Warshaw graduated magna cum laude with honors in economics from Duke in 1977 and afterwards started work with the International Monetary Fund, a Washington, D.C. international lending organization. There she worked in trade and trade analysis with banks in Latin America and Africa for one year, before entering the Harvard Business School. During summer breaks, she helped develop marketing strategies in West Africa and did consulting in the Caribbean for Chase Manhattan Bank. After earning her degree from Harvard, she moved to Sydney, Australia, and worked for an English merchant bank. In August of 1987, she accepted the position of admissions director for the University of Pennsylvania's Wharton School of Business.

Pam Stevenson graduated from Trinity in 1984. A scholar as well as an athlete, she majored in chemistry and captained the Duke field hockey team. After graduation, she went on to earn her masters at Stanford, where she now works as a biomechanical engineer on a four-year project sponsored by the National Institute of Health, studying muscle neurostimulation. Hopefully, her research will help paraplegics to walk and jump. In her free time, she trains for triathalons. Each week during the triathalon season, she rides 200 miles on her bike, runs 20 miles, and swims 3 miles. She now lives in Los Altos, California.

Other Duke women making herstory include: **Elizabeth Hanford Dole**, '58, former Secretary of Transportation; **Judy C. Woodruff**, '68, chief Washington correspondent for the MacNeil-Lehrer News Hour, and **Nancy Hogshead**, '86, Olympic gold medalist swimmer.



Jan Nolting, ASDU President, 1987-88

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Also:

Dr. Paula Berger, Vice Provost For Academic Services

Organizations and Programs

2

Before the merger of the Woman's College and Duke in 1972, a strong network of support groups and dynamic organizations united the women of the university. When the Woman's College disbanded this link was weakened and in many cases destroyed. Now women are realizing that they need these outlets and resources to fill gaps in their lives that have been ignored or overlooked — women are rediscovering or recreating organizations to meet those needs. We hope that among the groups listed below, you will find something that you want to know more about or that you want to get involved in.

All these organizations are growing, expanding and changing to meet the growing needs of the women in the Duke and Durham populations. If you don't find what you want, then the organizations listed here are a starting point for creating what you need — and you can bet that if you need it, so do other women. Get involved — you are needed.

Who Speaks Out For Women

The Task Force for a Women's Center at Duke: The Task Force is a thirteen member committee formed in response to the proposal set forth by the Coalition for a Women's Center. The purpose of the Task Force is to outline the goals, material needs and the administrative structure of a future Women's Center. In December of 1987 the Committee gave a recommendation to the University that included the provision of a full time Director, Assistant Director, and staff person. Also included in their proposal was were a multi-purpose room, two offices, library and gallery space, as well as a kitchen.

The University's proposal, coming from the office of Student Affairs, through Vice President Griffith, calls for the 1988-89 Women's Center to consist of two cubicles in student activities and staffing by two work-study students. In June 1988, the Task Force accepted this proposal. Thus, as of the Fall 1988 Duke will officially have a Women's Center. For its first year, 1988-89, it will be housed in the student activities offices in the Bryan Center and staffed by two work-study students. All women at Duke are urged to look into the Center's programming and discussion groups, it could well be one of your more exciting discoveries at Duke.

The Women's Studies Program: The interdisciplinary program, established in 1982, offers courses in nineteen departments by more than fifty faculty members, as well as lectures, films, conferences, ongoing study groups, and other cocurricular events. As an inter-disciplinary program, courses are geared not to simply follow the empirical and theoretical understandings of a certain discipline but to encourage new scholarship and to develop the ability to think critically across a spectrum of women's issues and gender questions.

The Program has been enormously valuable in the lives of the people who have become involved — those who have taken a few classes or are working towards the Women's Studies certificate. It has provided an important way for women and men to learn more about themselves and the historical, sociological and psychological forces that have shaped their lives. The courses in the Women's Studies Program give Duke students the chance to think through the personal and policy questions that they confront daily.

To increase the possibility for linking the classroom to personal life, the Women's Studies Program cosponsors, with Residential Life, a Women's Studies Living Group for those students, men and women, who share an interest in women's issues and Women's Studies and want to live in an environment that encourages the exchange of ideas related to such issues. This housing option was introduced in the Spring semester of 1988 and hopefully will continue to grow in popularity.

Another fairly recent development of the Women's Studies Program was the formation of the Council on Women's Studies, a group of women consisting of alumnae, trustees, faculty, and women in the community. This group acts as a voice and as a support group for the Women's Studies Program, and is important for the continued growth of Women's Studies on campus and in the larger Duke community. Last year, Judy Woodruff, a Duke alumna and anchorwoman for "The MacNeil-Lehrer Report" served as the chair for the council; this year she is succeeded by Margaret Taylor Smith.

Women's Studies is an active and growing discipline on this campus. For more information on the Duke Women's Studies Program, stop by the office in 207 East Duke Building, or call 684-5683.

Probably the best courses I've taken at Duke have been Women's Studies classes. They've given me the chance to really see myself in what I study, or they've made me realize when something was missing in some of my other classes. I've become so much more aware of my role as a woman in this society, which has been both wonderful and frustrating. I think everyone at Duke should be required to take at least one Women's Studies class—it helps give a different perspective.

Trinity '89

Student Organizations

The Coalition for a Women's Center at Duke: The Coalition emerged in the fall of 1986 when a group of students realized that a Women's Center was necessary to adequately meet the needs of women on campus. The center would provide a meeting place for women's support groups and speakers, a place for a library of literature for, by, and about women, a central location for health information specifically for women, and a forum for student activity on women's issues—in short, it would help provide a more supportive and enriching environment for the women at Duke. Although such a space does not exist as of this writing, the Coalition has attempted to set up programming and activities to serve the needs they can until a center is created. In the fall of 1987, such programming included:

- a speaker/discussion series which featured Dorothy Teer from Pornography Awareness, Inc.; Marilyn Vedder on "Women Who Love Too Much"; Dr. Kristen Neuschel on the "Role of Women in History"; and a panel discussion on "Women in Religion"
- a series of informal dinner discussions on feminism and two informal gatherings in first year dorms with Women's Studies professors Carol Meyers and Virginia Doming
- a self-defense workshop and an auto maintenance workshop
- a *Take Back The Night* march in protest of violence against women, to

which more than 300 people from Duke, UNC-CH, UNC-G, Durham, Chapel Hill, and Caswell County came.

Since it is through the interest and help of the student body that the goal of a Women's Center will be achieved, the Coalition wants and welcomes involvement from all areas of the campus population. Their offices are located in student activities behind the Bryan Center Information Desk.



Take Back The Night March, November, 1987.

DARE (The Duke Acquaintance Rape Education Program): In the fall of 1986, a group of seniors and a group of administrators came together to establish a rape education program within the Duke community.

The purpose of the program is to decrease the incidence of acquaintance rape. DARE disseminates information, increases public awareness, and serves as a clearinghouse of information on the problem of acquaintance rape. During the year, their goals are to educate Duke University Resident Advisors about rape and prevention, to conduct presentations and programs in first year dorms, fraternities, and upper-class living groups, and to train new facilitators to

continue the work being done. DARE welcomes your input, feedback, and suggestions. Please feel free to contact the program for more information through Ruby Thompkins at Public Safety, 684-2444.

SWE (Society of Women Engineers): The Society of Women Engineers, a student section of the national SWE organization, is open to both women and men engineering undergraduates. Its purposes include supporting and encouraging women in this male dominated field and serving as a center of information on women in engineering. SWE also has an old test file set up for members' use. Watch for signs around the Engineering building for the time and place of meetings.

National SWE offers about 38 scholarships annually to women majoring in engineering, ranging from \$500 to \$2500 annually. Scholarship information and applications can be obtained from the SWE office (in the downstairs lobby of Teer Engineering Library) or from national headquarters (Society of Women Engineers, 345 E. 47th St., New York, NY, 10017—send a self addressed, stamped envelope).

DGLA (Duke Gay and Lesbian Students Association): DGLA is a social, educational and supportive group for Duke students that was established in 1980 and consists of about twenty members. It deals with issues related to being gay at Duke and in the rest of society, such as dealing with the prevalence of homophobia both within and outside of the campus environment. DGLA has an office in the Student Organizations offices in the Bryan Center behind the Information Desk, and meetings are advertised in *The Chronicle*.

Duke Cheerleaders: Duke cheerleaders perform at sports events throughout the school year, including all football games, men's home and women's ACC home basketball games, both ACC tournaments, and the men's NCAA tournament. Cheerleading stunts and gymnastics were banned at Duke in 1987 and the team then converted from a co-ed squad to a women's cheerleading/dance team, usually consisting of 10-12 women. Tryouts, which are open to everyone, are held each spring after the NCAA tournament. For more information, contact the team's advisor, Coach Thomas D'Armi, 684-2120.

Dancing Devils: The Dancing Devils, Duke's dance/drill team started in 1986, is still in its building stages. The squad has achieved club sport status and hopes to become officially affiliated with the DUAA marching band soon. Presently, they perform during halftime at all home football games and present a pre-game show at home basketball games. In addition, they are involved in the Durham

community. They performed at a nursing home last year and have plans to participate in charity fundraisers. Currently the team consists of approximately 25 women, with the potential for later doubling that number. Tryouts are held at the end of each semester. Contact the team's advisor, band director Neil Boumpani, or the 1988-89 captain, Luciana Marcial, for more information.

Duke Women's Law Society: The Law Society was established seven years ago and is comprised of women law students. Its goals are:

- to act as a support group for women law students;
- to help them to define goals;
- to make other law students and the Duke and Durham communities aware of issues of concern to women law students. For instance, they bring in many speakers and sponsor panels on such topics as abortion, rape, pornography, and battering;
- to disseminate information about women law students to Durham organizations. For instance, they provide links with the Coalition for Battered Women and the Rape Crisis Center at the YWCA;
- to sponsor gatherings for women law faculty and students, so students can get a chance to learn about their professors' experiences;
- to sponsor gatherings for international women students and wives of international students.

They also hold an annual information session for undergraduate women interested in law school and law as a career. They are a very active organization and a valuable resource for women in the field of law.

GPWN (Graduate and Professional Women's Network): GPWN was formed by a group of women enrolled in graduate and professional schools at Duke. Their primary goal is to provide support to women graduate students through the informal exchange of ideas, information, and experiences, and to increase the awareness of women's issues throughout the Duke community. As a network, they emphasize that they are an informal association of women from a variety of fields and backgrounds. They sponsor events that evolve from the diverse needs of their group, including monthly speakers and panel discussions on germane topics, informal tea and discussion groups, and reading groups, both female-only and co-ed. Currently, they are working on a survey determining the need for day-care on the Duke campus. They also serve on the Task Force for the Coalition for a Women's Center at Duke.

GPWN events are planned by a core group of women. New members and their fresh ideas are always welcomed, and all GPWN-sponsored events are open to the entire Duke community—participation by all is encouraged. Contact the GPWN through Student Activities or Margarite Rowlett.

Women In The Arts

Duke provides very few organizations specifically for women interested in the arts. The Duke Dance Program generally has a predominance of women members, but outside of the singing group, "Out of the Blue," [see below] very little else could be found. We encourage women reading this to take the initiative to work with the Institute of the Arts, the Craft Center and the Duke Art Museum to promote women's art and creativity in the multiple and varied forms that it can take.

"Out of the Blue": "Out of the Blue" is an all-women's *a capella* singing group analogous to "The Pitchforks", the all-male *a capella* singing group on campus. The fourteen member group consists of a mixture of graduate and undergraduate students and has been in existence for five years. Since the group is exclusively female, it is considered discriminatory under Duke policy (as are "The Pitchforks") and does not get funding from the university.

The group averages about one performance a week, but often do many more, ranging from tailgate parties to basketball games to performances for living groups and sororities. They sing mostly popular music and made a recording in 1986. In addition, they plan to do a record in the near future. "Out of the Blue" tours every year and went to Disney World in 1987. Since they are a non-profit organization, all money they receive goes into touring or into producing their upcoming album. "Out of the Blue" is open to anyone interested in auditioning to be part of the group.



Women in Sports

Duke athletics offer a variety of opportunities for women interested in becoming involved in a sport. Listed below are some of the existing programs, which range from the more recreational Co-Rec program (which involves co-educational activities arranged through the living groups), to the more competitive Varsity sports, which require a try-out to participate. Also included are some interesting facts about some of the history of women's Varsity sports at Duke. Varsity sports for women are allocated roughly \$1,000,000.00 annually for their budget, which is comparable to the men's Varsity sports budget of roughly \$1,025,000.00. This figure, however, does not include the figures for Varsity Men's football or

Women's Varsity Sports

Sport	Interesting Information	Athletes
Basketball	1986-87 season, finished 19-10, ranked 25th in the nation by USA Today	Chris Moreland Katie Meier Both ACC award winners.
Swimming	Duke is the alma mater of 1984 Olympic champion Nancy Hogshead.	
Golf	First women's sport in Duke history to finish in the top ten nationally (1983-84).	Sarah LeBrun—First Team All-American
Volleyball	1986 season, finished 17-12, 3rd in ACC; ACC champs in 1985	Linda Kraft—ACC Player of the Year; Susan Wilson—ACC Tournament MVP; Denise Yamada—Second Team All ACC
Tennis	1986-87 season, finished 5-2 in ACC Championships	Christine O'Reilly, Patti O'Reilly, Lee Shelburne— All ACC

Other Women's Varsity Sports: Cross-Country, Indoor-Outdoor Track (formed in 1985), Field Hockey, Soccer. Duke Women's Soccer gained varsity status in 1987.

basketball, since as major sources of revenue for the University, they are allocated proportionately more.

There has been some debate in recent years over certain men's sports gaining Varsity status, and therefore Varsity funding, and not the equivalent women's sport. However, there seems to be more of a move towards granting equal status to both men's and women's teams, as in the case of Women's Soccer, which was granted Varsity status in 1987.

I swam when I was at Duke, and probably it, more than anything else, helped me the most. Swimming made me feel strong, independent—it got me through my roughest times, because when I dove into the water, there wasn't anything I couldn't do, and it gave me back the strength to do everything else.

Trinity '85

I know that in my years here I have improved as a player—but that improvement doesn't even compare to the improvements I've made as a person. Our basketball program promotes confident individuals who are willing to make their own decisions. But, in the numerous times that my decisions have been wrong, I have developed ways to cope and change. I've discovered my limitations, but more importantly, through participation in college athletics, I've discovered my potential.

Trinity '89

Scholarships

Women's athletic scholarships totaled 37 for the 1987-88 academic year at \$14,877.00 each (full tuition—\$550,449.00 total). They are available in the following areas: basketball (12), tennis (7), field hockey (4), golf (5), volley ball (7), track (2), soccer (available fall 1988).

Coaches may break down the funds down as they see fit. By 1992, ten more scholarships are planned for female athletes, and as tuition increases, so will the value of these scholarships.

Athletes must first demonstrate ability and be accepted into Duke before they are eligible for a scholarship. Potential student athletes are identified at Junior Olympic-type meets by college scouts and by a network of coaches and scouts across the country. For more information, contact Lorraine Woodyard, Assistant Director of Athletics, at 684-2120.

There is no scholarship for women's or men's [cross country] team because the sport does not bring in any money for the school. Without scholarships, some have to be on work-study, which cuts into their time even more, making it harder for them... One example of discrimination was that [the] men got a whole page in the yearbook, while women got only one picture... Another example is that [the] men's team get their own natural locker room in Cameron Gym whereas the women's have to share theirs with [the] Durham community in the lower level of Card Gym...

Trinity '91

Intramural Sports

Golf
Bike Race
Volleyball

Badminton
Basketball
Softball

Tennis (singles)
Tennis (doubles)
Racquetball

Swimming
Squash
Table Tennis

Co-Recreational:

Volleyball
Basketball

Table Tennis
Softball

Bike Race

Badminton

Club Sports:

Badminton
Lacrosse
Soccer
Equestrian
Ski Team

Judo
Tae Kwon Do
Cycling
Sailing Club
Field Hockey

Softball
Frisbee
Roadrunners
Volleyball
Parachuting

Crew
Tennis
Triathlon
Fencing
Synch. Swim.



Duke plays Howard University, Fall 1987

Women on the Faculty

Faculty: In addition to the academic concerns that women on the faculty at Duke address in their lectures, classes, and research, they face the same issues that confront women in all segments of society today. These needs are answered in several different ways. There is a Faculty Women's Network which is an advocacy group for women's policy concerns such as parental leave, sexual harassment, and sexual equality in recruitment and hiring. The Women's Studies department sponsors various other support groups. Also, the Academic Council's Committee on Women on the Faculty exists to address women's issues and reports annually to the Academic Council, recommending action to be taken in the university community.

Some statistics about women professors at Duke have recently been compiled. They show that Duke is behind the national average for number of faculty women, but that things are getting better. In Trinity College as a whole, 16% of the faculty is women. This breaks down into 26.7% of the Humanities faculty, 6.6% of Natural Sciences, and 16.1% of the Social Sciences. The Engineering faculty is 1.1% women. In Trinity, 6.6% of full professors, 23.1% of associate professors, and 30.5% of assistant (non-tenured) professors are women. There are no tenured women on the Engineering faculty. In Trinity, 12% of the total number of tenured professors are women.

SIGNS: A Journal of Women in Culture and Society: SIGNS is currently edited at Duke University. Professor Jean O'Barr, the director of Women's Studies, is the editor of this journal, which is one of the most respected of its kind both nationally and internationally in the field of women's studies. It was founded by the University of Chicago Press in 1975 and began out of Barnard College. SIGNS quickly established itself as a publisher of the finest articles in the new scholarship on women. By 1980, the journal had moved to Stanford University; this rotation of responsibilities for maintaining the journal meant that the western U.S. and the feminist networks there would have their turn influencing the journal's directions and priorities. By 1985, a formal rotation system was in place and Duke University was selected as the next location for the journal office, sharing space and resources with the Women's Studies Program.

The journal's editorial board reflects the interests and diversity of North Carolina's network of feminist scholars, including people from a variety of disciplines and from Duke University, the University of North Carolina—Chapel Hill, East Carolina University, and North Carolina State University.

SIGNS is committed to further developing links between feminist theory and the

realities of women's lives. As an interdisciplinary journal, it encourages the publication of feminist research in many fields of scholarship and is accessible to an interdisciplinary audience. Now in its second decade of publication, *SIGNS* reaches a diverse feminist community of more than 6,000 subscribers, one quarter of whom are outside the United States. It is a great honor to have *SIGNS* located on the Duke campus. For more information, stop by the office at 207 East Duke Building, or call 684-5683.

Resources for Women in Durham

YWCA: The Durham YWCA, located at 809 Proctor Street, is open from 8:30 AM to 9:00 PM Monday through Friday and offers a variety of programs to the surrounding Durham and Duke communities. Some of these programs are:

- The Durham Rape Crisis Center. Director: Cris South. This program is in a state of transition right now, and is presently called the Rape Crisis Center of Durham. It is located at 413 E. Chapel Hill St, and the phone number there is 682-2264. *In case of emergency, call the HELPLINE - 683-8628.*
- The Orange-Durham Coalition for Battered Women, Inc. (CHANGE: Counseling for Men Who Batter) Director: Diane Wells. 682-0817.
- 9 to 5 Working Women's Organization. Director: Shefeah M'balia, 682-2069.
- Triangle Area Lesbian Feminists (TALF) [more information below] P.O. Box 2272, 27702. Director: Mandy Carter, 688-6374.
- Older Women's League (OWL) Director: Elizabeth Freeman, 688-3521.
- Project LIFT (Learning Information For Today). Director: Nancy Blood, Durham County Library. Has a directory of Durham County resources.

Other programs that are YWCA sponsored or affiliated include the International Women's Art Festival, Walking Clubs, Fourth Wednesday Forums on Women's Issues, Employment Search Information, and a Resource Center and Library. Plus, there are a variety of classes offered through the YWCA, such as women's self-defense courses, bartending classes, a stop smoking group, and child advocacy training. If you are interested in becoming active in any of these organizations, call Maxine Alexander, the Adult Programs Director, at 688-4396. Any and all interest is needed and welcomed.

NARAL —NC (National Abortion Rights Action League — North Carolina): NARAL —NC is one of 38 state affiliates of the National Abortion Rights Action League. This pro-choice grassroots organizing group is dedicated to protecting

every woman's option of a safe and legal abortion. This not only includes working to uphold *Roe vs. Wade* (the Supreme Court decision that legalized abortion) but also fighting legislation that takes abortion rights away from certain groups (such as laws requiring minors to obtain parental consent or laws to cut funds for poor women).

NARAL —NC works to activate the pro-choice public by educating and training them to become politically active. They hold frequent "house meetings" designed to inform people about the present situation of the abortion rights struggle and to organize a grassroots network to be a starting point for their other activities which include:

- encouraging pro-choice people to register to vote and then to get out and vote for pro-choice candidates
- encouraging them to write to their legislators about their pro-choice views
- training people to work on pro-choice political campaigns

NARAL —NC is a non-profit corporation in constant need of volunteers. Duke students are very welcome to volunteer for 2 hours a week (or more) at their office located at 704 1/2 9th St. (across from the post office). If you would like to join NARAL —NC, volunteer some of your time, or attend a house meeting, give them a call at (919)286-9807 or drop them a line at NARAL—NC, P.O. Box 17057, Durham, NC 27705

TALF (*Triangle Area Lesbian Feminists*): TALF is a social (and educational) group that meets on the first Sunday of every month. TALF organizes each session around a different issue, for instance, "Fat is a Feminist Issue," and "Central America." About 20-40 people attend each session and dances are held pretty frequently. Participants are of all ages and experiences, including area university undergraduate and graduate students, working women, etc.. TALF helps people to form a friendship network throughout the Triangle Area. Its activeness and popularity are indicative of the strong and dynamic lesbian population in the Raleigh-Durham-Chapel Hill area. TALF encourages interested people to come to meetings. For more information, call the Durham YWCA (688-4693).

Community and Identity

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At first glance, you may get the impression that this chapter is about differences. There is a section on women of color, on sorority women, on international women, on independents, etc.... There can not be much doubt that much of our identity at Duke, as else where, is created in exclusionary terms. Nevertheless, whether you go greek, join the new Womens Studies Living Unit, whether you are black or white or foreign — you are part of the female community at Duke. Because we live in a gendered society all the women at Duke share common experiences and frustrations, we must overcome common obstacles. Coming together as friends and as sisters we can create a female-supportive community that fosters our individual growth.

We need more at Duke that will provide institutional support for our women's community on campus. Housing is included in this section because it plays a central role in determining gender relations on campus. Stable co-ed or stable all-female living units could create a more supportive atmosphere for women on campus.

Women of Color

Minority students constitute a very small percentage of the Duke undergraduate student body. In the fall of 1987 approximately 5% of the student body was black, 5% Asian, 3% Hispanic, and less than 1% Native American. Both the administration and the admissions office have committed themselves to raising these numbers, but progress has been slow. For instance, the first black undergraduate was enrolled in 1963, and in 1968 the student body was 1.6% black. Today, 20 years later, it is still only 4.7%.

What is the Duke experience for women of color? Is there a separate set of experiences unique to black women, or Asian women, or Hispanics? It is the extent to which you identify yourself with an ethnic group that defines your experiences as a minority student on Duke's predominantly white campus; no two women's experiences are ever the same. Some women assimilate themselves completely into the mainstream social life at Duke, while others (to varying degrees) maintain an identity separate from the majority.

The small number of minority students at Duke makes it impossible for black women to get the "black experience" or Hispanic women to interact with other Hispanics without making a conscious effort. As a result, distinct ethnic communities have been created at Duke, on organizational as well as more informal levels, for all who want to preserve their culture and heritage. Organized groups include the Black Student Alliance (BSA), the Asian Student Alliance (ASA), and Spanish American Latin Students Association (SALSA). Black sororities offer another social option for black women at Duke.

Informal communities are just as strong. For instance, the handful of Vietnamese students at Duke, who get together often on a completely informal basis, constitute an extremely small, close-knit community. Numbering over 200 students, the black community also maintains its distinct culture, providing a social identity as well as a supportive network for black women at Duke.

Countless interracial friendships exist, though interaction among Duke women and men of all colors occurs primarily on an one to one basis; the white and minority communities on the whole retain a certain separateness. A degree of separation is necessary to maintain an identity as a woman of color in a society geared towards whites, a difficult task when society urges you to assimilate, to "fit in" at the expense of your unique heritage. It requires an ability to balance between what one woman called "two separate worlds."

There were many times in my life when I would think about what it would be like if I weren't a minority— if I had blond hair, 5'6", fair complexion, blue eyes, guys falling for me, etc. And then I would take it back and once again be thankful

that I am a Vietnamese descendant. Whatever people say, there is something special about being a minority, about being different from others, about being noticeably different.

I'm not just a minority. I am Vietnamese. These three words hold endless feelings and emotions attached to them. As an infant, I was brought out of my native country because of a war I had no control over. My family and friends separated, and even till now, I have yet to hear from them. When I came over here I had to learn a totally new language and custom. I was made fun of by my peers because of my small size, and even now, in a nation where freedom is supposed to be distributed evenly, people will always look at me differently.

My being a minority is very apparent at Duke. My being a Vietnamese is even more so. There are only 13 Vietnamese undergraduate students enrolled at Duke this year, which is negligible compared to the total number of students enrolled. Because there are so few VN students, we cannot form our own organization. However, by having a small group, I have been able to know each and every one of them in a unique way. Our friendship formed is a closely knit one. On weekends, we would get together and cook a Vietnamese dinner, listen to Vietnamese music, and talk to one another in our native language. There definitely needs to be more Vietnamese students enrolled at Duke. By knowing that the 13 of us are representing the Vietnamese people, a close camaraderie exists between the VN students at Duke.

Marie Huynh
Trinity '91



Gwendolyn King, speaking at the Public Policy Institute

Along with the challenge of rigorous course work, I, a black female, face the additional challenge of social interaction. It is inevitable that black students will enjoy friendships with students of all races, for we are few in number and cannot afford to be isolated. The black students, particularly black females, are unique to the surroundings — we stand out in a crowd. Therefore, we have the responsibility of fostering understanding about black culture and customs. We are ambassadors to our race. I gladly face the challenge of being a black student on this campus because I realize that personal growth will be my reward.

Carla M. Huff
Engineering '91

As a black woman on a predominantly white campus, I do not have any great passion for women's issues. As a black woman, my **first** concern is for the black community. I am black first, and I am far more acutely aware of racism than I am of sexism. When I hear poor black children tell me that they can't go to college because they're stupid, and when I hear underprivileged black teenagers say that only white people can achieve anything of significance, I am brought to tears. Those tears don't come from sadness, they come from despair, from rage. I hope that there is just one person who will hear what I'm saying and recognize that while legal segregation has ended and while overt racial attacks occur less frequently these days, racism is still alive and well in this country. My greatest frustration on this campus has been that people still don't realize that. And they continue to see most blacks as inferior, and the few who are at Duke as "different".

The women's movement in this country often uses policy initiative to bring about change. I certainly believe that policy has its place in any movement, it may very well bring about the desired results. As a black woman, however, I don't want to spend any energy on women's rights policy unless those policies will also serve to strengthen the black community. Good quality childcare is one women's issue I would fight for, because the lack of adequate, low-cost child care has a detrimental effect on the poor black community. The bottom line, then, is that my first priority is to strengthen the black community from within and to prepare the poor black community to overcome barriers that legislation can't tear down.

I am not a feminist. I **am** a womanist. Alice Walker coined that phrase in her book *In Search of Our Mother's Gardens*, and it speaks to me. A womanist loves women's strength, appreciates women's culture, and values women's laughter as well as their tears. As a black woman, it is all I can give to the women's movement right now. For me, it is enough.

Paula Puryear
Trinity '89

International Students

Living and studying in the United States is often a huge adjustment for the approximately 500 international students at Duke, of whom 93 are women, mostly in the University's graduate programs. Getting used to a new academic system, to different teaching methods, expectations, as well as a new language and culture can seem overwhelming at first. Setting up house in the US can also be a complicated process: renting a room, buying a car, shopping for food and other necessities, finding adequate, affordable child care can be a difficult task.

Adjusting to American culture can be difficult for women whose native cultures have been traditionally restrictive to females. Men all over the world have generally had more freedom of action and movement than women, so for women the culture shock might be greater. In the words of one international student, "there is a big difference between American women and [Indian] women. American women explore themselves more...take risks more".

Cultural ideology is also different; other cultures can have a more conservative value system and foreigners are often less open and casual than Americans. Women's roles in society differ from culture to culture. In some countries, women see the family as the center of their lives and treat it as their number one priority, while Americans (men as well as women) tend to take the "me first" attitude. It can be hard for women to synthesize these two different mind-sets in their life in America.

In addition to the many services provided by International House, CAPS sponsors a group for international women graduate students, recognizing their special needs. The group helps these women students to learn more about American culture and mores, and also provides a warm, supportive environment, and the freedom to express their questions or concerns.

What you read, and what you see on T.V. is not the real America...it takes time to get acclimatized to the American culture...take things lightly, and don't worry if things don't work out perfectly at first...keep an open mind.

Nandini Tandon, Bombay, India

With their unique backgrounds and perspectives, international women have a great deal to offer and share with other students at Duke. The sharing of individual perspectives and ideas makes up a large part of one's "education", and the sharing that occurs outside the classroom is sometimes the most meaningful. By working, talking and helping each other, both American women and international women educate each other.

Sororities

The thirteen national sororities are the largest women's organizations on campus with 40 percent of the women at Duke belonging to one of them. These organizations are selective, and their existence is and perhaps always will be controversial. The decision of whether to go greek or be an independent remains a personal one — there is clearly no single answer for everyone. Whether you join a sorority, remain independent, or join the new Women's Studies Living Unit, you are part of the female community at Duke.

Over the past ten years the number of women rushing has consistently remained proportionate to the number of women in the first year class. Two predominantly sororities hold rush in the fall and the remaining eleven hold rush in the spring.

All sororites abide by rules and regulations set by the Panhellenic Council. Panhel consists of six elected officers and one or two representatives from each sorority. There is also a national Panhellenic council that deals with national issues relating to sororities.

What's it like to be in an sorority?

Each woman has her own experience with membership in a sorority. For some, a sorority is their largest time commitment — they hold offices, etc. For others, a meeting once a week and parties several times a semester, are enough; the sorority does not play a large role in their lives.

To find out why Greek women at Duke joined sororities and what they have gotten out of that membership, the *Women's Handbook* distributed ten surveys to all eleven sororities that conducted their rush in the spring of 1988 and asked targeted questions concerning rush and membership. Several themes emerged in the women's responses to these questions:

- Most women said they joined to meet other women, others because they were interested in leadership opportunities and philanthropic activities. Most seemed to feel that joining a sorority was a good way to meet people they otherwise would not have.

- The best aspect of being in a sorority was considered by most to be the strong friendships they have formed. Some mentioned the security derived from such a strong support group.

- The worst aspects were more varied. The most common answer was the lack of unity because the sorority did not live together. Other "worsts" were

the stereotypes, commitments of money and time, and rush. (The average semester dues for Duke sororities is 130 dollars.) Many women complained that the exclusiveness of sororities bothers them most.

- When asked what effect their sorority had on other aspects of their lives, most of the greek women interviewed said that they had developed a sense of sisterhood with other members of their sorority but that this bond had not affected their relationship with other friends.

- Most women surveyed agreed that spring rush can be exhausting and superficial, yet only a few felt like they could change it.



Tri Delts at Duke

I have been a member of a sorority for my four years at Duke. I am probably one of the strongest advocates of the sorority system for those who choose to be part of it.

My sorority has done two very important things for me. First, it has introduced me to and allowed me to grow up with, and be one of, some of the most impressive women on Duke campus. Sisters of mine have been varsity athletes, initiators of campus volunteer programs, founders of the Coalition for a Women's Center at Duke, 4.0 students, writers, musicians, managers of varsity teams, actresses, on and on. The seniors are headed to law school, medical school, various graduate schools, the peace corps, teaching and government positions. Every time I walk into a meeting and look at each person's face, I am proud to be there, and proud of the achievements of each of them. Honestly, the talent that sits in that room for one hour a week overwhelms me. I am constantly reminded of the fact that I probably would not have met a majority of these people if it weren't for the sorority.

With hindsight I can see that the successes of the women in my sorority have in turn supported and encouraged my own personal and professional ambitions.

The second most important aspect of sorority life is the support it offers. When I met the people in my pledge class we were all 18 and 19 years old. A lot happens to a woman between the ages of 18 and 22. It has been very exciting to grow up with a group of people that has remained consistent over the years. The extent to which each of us has changed is amazing. Some of the women in my sorority are my best friends; others are not. Both sets are very important. As a group we have supported each other through the changes. It is amazing to look into the faces of my friends and realize how far we have come. In terms of the whole sorority, it is exciting at this point to look at the younger sisters thinking of all of the changes they will go through. I have been impressed with the cyclical and continuing nature of things.

I never had many women friends in high school. My best friends just happened to be male. Being in a sorority has really helped me cultivate friendships with women. Now most of my friends are women. There is a really strong sense of support and empowerment in that.

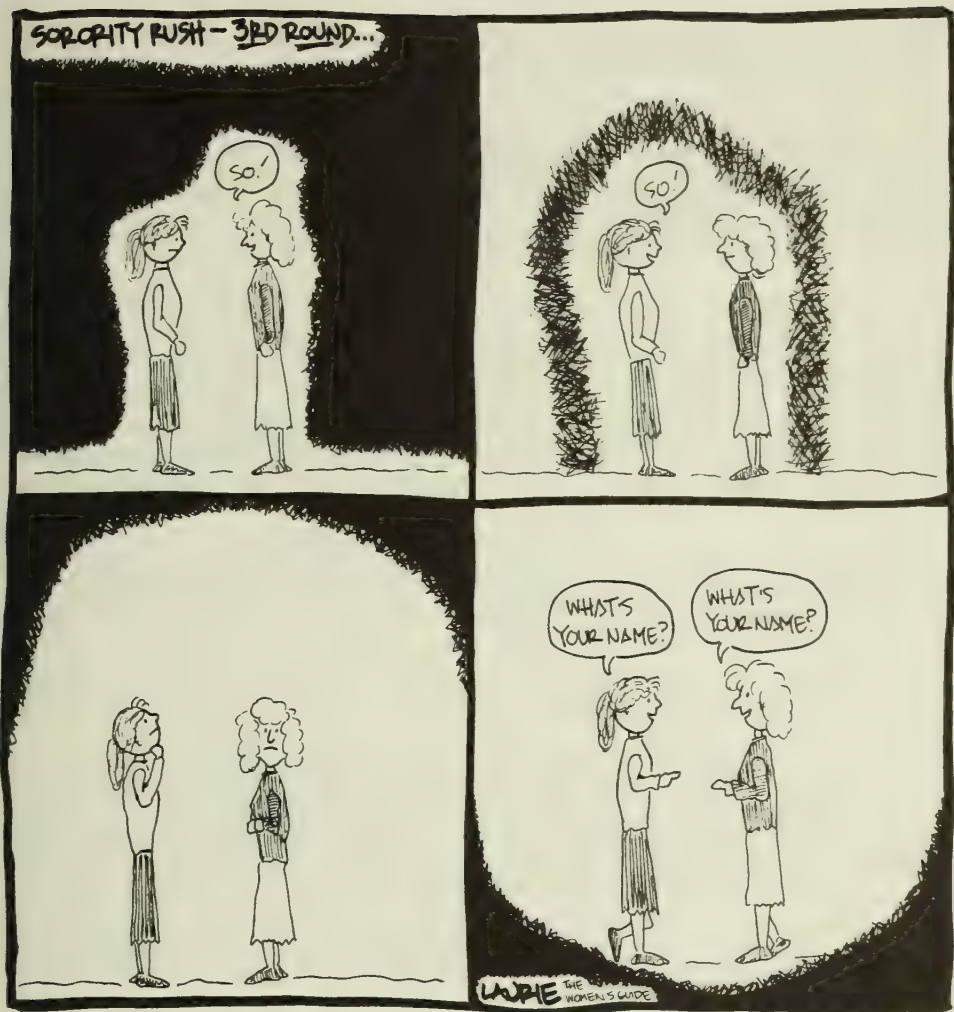
I think that all of these benefits could be overwhelmingly increased if the sororities lived in sections together, and had tables set aside for us in the Pits like they do for fraternities. It is obvious to me that by living together people develop much deeper bonds than they do by casual or less frequent association. Often when I spend time in a fraternity section, or eat dinner with a friend at a fraternity table, I am envious of the comraadery and consistency of interation. Frankly, I feel a bit cheated. My sorority experience was great, but it could have been so much better. I do not see why men should have this option, while we do not. The concept behind sororities is women interacting with women. That is what my sorority was founded on over 100 years ago, and that is what it has provided me over the past four years.

*Molly Crawford
Trinity '88*

Spring Rush

Rush takes place in the fall for AKAs and Delta Sigma Theta and in the spring for eleven other sororities. If you sign up for spring rush, you will be assigned a rush counselor (a junior or senior in a sorority who is not going through rush that year) and a rush schedule for three weeks of parties. Spring rush consists of a series of parties, beginning with 'open houses' and followed by 'study breaks', 'dorm coffees', and 'formal parties'. Each party is longer than the one before it, with fewer people attending.

Your rush counselor can answer all your questions. If you want to know more about Duke sororities (and the rush process) before you sign up to rush, call Panhel (684-8692) or drop by their offices in the Alumni Lounge, 105 Union West.



Some interesting statistics from spring rush — 1988:

- Total number of women signed up for rush: 640
- Total number of sororities participating in rush: 11
- Quota (maximum number a sorority can take): 37
- Number of sororities taking quota: 8
- Total number of women receiving no bids even though they went to Formal Parties (final rush function): 118
- Total number of rushees that accepted sorority bids: 364
- Percentage of those rushees who got bids: 56.8%

AKA, Delta Sigma Theta & Fall Rush

Two member organizations of the Panhellenic Council that differ from the majority of the other groups are the sororities Alpha Kappa Alpha and Delta Sigma Theta. Although the groups are not race-restrictive, they have as their target membership black collegiate women.

The groups have similar goals, which the AKAs express as "Sisterhood and Service". Both groups have strong ties to the Durham community, as well as the extended network of chapters in the Triangle area. They are also affiliated with the national organizations of the same names, which extend to the international arena. One sister said that you can find Deltas anywhere. "They are at N.C. State, at UNC (Chapel Hill), in Jamaica and Nigeria...everywhere!" The extended community is one of the reasons that many women pledge a sorority.

Before coming to Duke, Robin Anthony had not intended to join a sorority. She was, and is, an active member of the black community, aware of the issues and the women and men involved in it. She says, "I looked at these women, my role models, and then I found out they were [members of her sorority]. They were dynamic women who were black".

Robin, who has spent two exchange semesters studying at other universities, tells of the acceptance and contact she felt immediately with the sisters in the chapters in those universities. She says that there are differences from chapter to chapter, but the overall purpose of the organization unites them all. Likewise, she sees the differences between the two sororities on Duke's campus to be little more than a matter of who joins which group. Some differences may lie in the secret structures that are not available to non-members, but otherwise they function in a similar manner.

The most obvious difference between these groups and the other sororities on campus is the member selection process. Instead of participating in the formal rush system that other campus sororities organize, the AKAs and Deltas have a separate system for finding new members. First, they hold general interest meetings. Then women must go through a more formal process, involving interviews and a written application. Good academic qualifications are important. The Deltas, for example, require their pledges to have sophomore standing and a minimum G.P.A. of 2.5.

Once a woman has been approved by the national organization for membership, the "on line" process begins. One sister compared being on line to the experience she has heard Outward Bound to be. "It's an intense period of learning about

the sorority, the people in the sorority, your line sisters, and yourself". The perspective sisters are on line from four to six weeks. During that time they are governed by strict regulations. They must walk together in order, the "line", to and from class and common activities. They must dress alike, and they may not talk to people outside of the sorority, except in the context of class and extra-curricular activities. During the period, they must complete a service project and a fund-raiser, learn the history of the sorority and have common study hours when the group is together in the library. They also spend a great deal of time getting to know the sisters.

As restrictive as it may sound, the experience of being on line is one that some sisters cite as the reason they joined the group. They say it is a difficult process to undergo, one in which, "you have to depend on each other. You can't make it alone!". The benefit is the bonding process which occurs. When Robin was on line, the whole group ended up actually living together on Central Campus to accomplish the tasks in the specified time period. And she stresses that the relationship which develops between the women is not superficial, because it has developed over time and through a process of shared self-realization. That is the purpose of the restricting social communication of the pledges to sisters only.

In response to criticism of the identical dress code, one sister explained that the dress code is not established by the organization, but by the group of girls on line. They must work together, using their common resources and creative problem solving abilities to find a solution which will work best for the group as a whole. When asked if being on line had a negative effect on grades, she admitted that the process made it hard to concentrate, but that the required study hours helped, and taught them to budget their time.

Once the line period is over, women are considered sisters or sorors (the Latin word for sister). They participate in the social functions and long and short term service projects of the group. Both the AKAs and the Deltas have programs through which they try to reach the underprivileged youths of the community; the AKAs through a mentor program and weekly tutoring and the Deltas through a big sister/little sister contact. Both groups have worked with off-campus organizations or individual projects which range from organizing birthday parties at the local rest home to raising funds for the NAACP. Although political activity is not their primary objective, they have held voter registration drives and lobbied against apartheid.

Some of the more social activities include career days for teenagers, and socials for incoming freshmen. The step shows are probably the meridian of the black Greek social scene. Members of the various chapters of both sororities and the fraternities meet and informally compete by "strutting their stuff". The step shows are the only expression of any good-natured rivalry between the groups.

Most feel that the black community at Duke is too small to be divided further by harmful rivalries.

In the limited black culture at Duke University, Delta Sigma Theta and Alpha Kappa Alpha are the only organizations that cater specifically to black women.

Independents

At Duke, sixty percent of women are 'independents' — women who are not members of sororities. Some independents never considered rushing, some rushed and dropped out, some were not selected by their favorite sorority, and some deactivated from their sororities.

As with sorority membership, being an independent has its advantages and disadvantages. *The Duke Women's Handbook* conducted an informal survey in 1988 that asked independent women what some of the best and worst aspects of being independent were, why they did not join a sorority, and how they felt their 'independence' had effected their friendships with other women at Duke. Some common themes emerged:

- Most surveyed said they could find a variety of friends by avoiding the 'cliques' of sororities, or that they did not need structured sorority functions to meet people and have fun. Many did not want to be part of an institution which would permanently stereotype them.

- The best aspect of being independent was generally seen as having more time and complete control over one's social life. Avoiding stereotypes and saving money were also mentioned. Many women said the best aspect of being independent was not having to go through rush.

- The worst aspects of being independent were varied. Generally, it is hard for independent women to find friendship-making activities at Duke. The dorm can play a central part in this, but since some of the women in upperclass dorms are in sororities, the dorm may lack cohesiveness. Other women said the exclusion of independents from mixers, formals, and other social functions was the worst aspect. However, quite a few answered that they found no problems with being independent.

- Many independents said they felt they had developed deeper friendships with women than if they had been in a sorority.

I am an independent woman, meaning 1) I am not in a sorority and 2) I am independent. And I haven't always been the latter. For instance, my freshman

year, when sorority rush time rolled around, and everyone else was “rushing” around to all the various functions, I felt sort of left out, and a little deviant. But I had decided not to rush for two reasons: first, I really couldn’t afford it; but more importantly, second, I didn’t want to jump in and make a commitment to a group of people, who didn’t know anything important about me, simply out of my own insecurity. I thought that possibly the following year, when I knew more people and more about the different sororities (and more about myself) I could make a little decision if I rushed. So I waited. And I became friends with lots of people, both in and out of sororities; I tried lots of different activities and groups on campus; and I grew up a lot.

And now, at the end of my junior year, I’m glad that I decided not to join a sorority my freshman year, because I think it could easily have limited my experiences at this school. I don’t think I would have met most of the people who are my dearest friends now. And I don’t think I would have the freedom and the independence that I have as an individual now. I’m not limited, in any way at all; and I’ve had my experiences without the security blanket of a sorority identity to fall back on. I know that being a member of a sorority is a very important thing to a lot of women on this campus, and I don’t begin to invalidate that for a moment. I’m simply glad I chose not to — I think my experience at Duke has been richer for it.

Vivian Robinson
Trinity '89

Housing on Campus

An analysis of housing at Duke can provide insight on how men and women relate to each other on campus. The Office of Residential Life tries to evenly distribute men and women between East and West campuses. According to data provided by the office, of the upperclass students residing in dormitories, 75% of both male and female students live on West Campus while the remaining 25% live on East. Further, the balance of 45% women and 55% men in the Duke upperclass student body is sustained on both campuses.

As far as over-crowding goes, men and women at Duke bear the responsibility equally—in the 1986-87 academic year, 12.89% of male students and 12.80% of female students lived in crowded living spaces.

It may seem from this data that the housing situation at Duke is neutral in regard to the sexes. But in reality the situation is not so. This, however, has nothing to do with the Office of Residential Life and everything to do with Greek organizations at the University.

Duke fraternity members live in sections while sorority women live in dormitories, Central Campus apartments, or off-campus. As Jean O'Barr, professor of political science and director of Women's Studies, remarked in a September 1987 interview with Daphne Werth in *The Missing Link*, while men and women live together during their first year at Duke, "by sophomore year half of the men enter into fraternity housing and women become migrants." The students are not forced to live this way; they choose to. Every two years representatives from the Greek organizations decide whether or not they wish to live in sections. Nearly every fraternity has requested exclusive living space, but sororities have repeatedly said no to this question.

As Sue Wasiolek, Dean of Student Life, noted in the same article, "women lose the most in the housing situation. Residence halls suffer from the divided loyalty of women between their sorority and their dormitory."

Daphne Werth notes that men, on the other hand, either live in fraternity sections or in alternate housing where they are not intermixed with the Greeks. Because fraternity sections have become fixtures on campus, social life at Duke tends to revolve around the Greek system. O'Barr believes that fraternity life does more to encourage than discourage excessive drinking and the occurrence of acquaintance rape. In fact, studies show that acquaintance rape happens more frequently in fraternities than in independent living groups.

In addition, the housing decisions made by Greek organizations deprive many students of a coeducational living experience. The current system segregates women and men and limits truly productive interaction between the sexes. It creates an environment where women and men relate to each other only as possible dates instead of as human beings.

Changes must be made in the way that female and male students interact on a structural level. Stated simply, sorority women must claim sections to make Duke more egalitarian, or fraternity men must decline the privilege which sets them apart from other students.

Charity Snider
Trinity '88

The Women's Studies Living Unit

1988 will be the first year for the Women's Studies Living Unit. The new living group is housed in House Z on West Campus and it includes fourteen women and men and one Resident Advisor.

There are several purposes for the Women's Studies Living Group. It will bring together students with similar academic and personal interests, while creating an opportunity to share experiences, information, and ideas. It will create an environment that focuses on women's issues beyond the classroom, strengthen-

ing ties between academic analysis of issues and the personal and social effects those issues have on individual students' lives. Finally, the Women's Studies Living Unit will give students the opportunity to develop their own ideas about residential programs.

Because it is a new living unit, those living in the dorm will have the flexibility to establish the identity of the unit and shape its future direction. The new living unit hopes to build an affiliation with other women's social and academic groups on campus in the next several years.

If you are interested in learning more about this exciting new living unit, contact the Women's Studies Office (684-5683), or stop by their dorm in House Z on West Campus.

Health

4

We placed an emphasis on women's health concerns because a basic knowledge of our own bodies is essential to maintaining control over our own well-being. With such knowledge women gain responsibility for their bodies — without such knowledge — we are left to obey, rather than work in conjunction with, health care professionals.

This chapter in no way attempts to provide a full guide to women's health concerns. Furthermore, this guide is purely informational rather than advisory. It should be stressed that when you are concerned about a health issue, you should consult a physician or professional advisor. However, we answer some common questions and address important health issues here, and provide you with useful contacts and books for further information.

Remember: ask questions of doctors, and ask for help if you need it. There are many on and off-campus clinics available for both your physical and psychological health needs.

Knowing Our Bodies

Understanding Our Cycles

Every month a woman's body prepares itself for pregnancy. An egg is produced in the ovary and is released into the fallopian tube. This release is known as *ovulation*, and it most often occurs 14 days before the menstrual period begins. Sometimes ovulation is accompanied by a clear, thin vaginal discharge and slight cramps. The days before and just after ovulation are the FERTILE days when conception is possible.

The fallopian tubes carry the egg to the uterus which has become ready for pregnancy by building a thick inner-lining—the *endometrium*. If the egg is not fertilized by a sperm and the endometrium is not needed, menstruation begins and discharges both the egg and the lining.

Most menstrual cycles are between 21-40 days long, and unfortunately, they are often variable month to month. Factors such as stress, anxiety and weight loss can easily disturb our cycles. Therefore, trying to figure out “safe” days is risky. The best way to monitor your cycle is to keep a chart. For further help with predicting your cycles, consult: Planned Parenthood, Duke Student Health, *Our Bodies, Our Selves*.

Pre-Menstrual Syndrome (PMS)

Menstrual cramps and aches are familiar to many women. Premenstrual syndrome (PMS) and other menstrual problems are real, and not just figments of our imagination. Over 30 percent of all women in child-bearing years experience PMS, and some with more serious conditions require medical treatment.

Researchers have begun to investigate the causes of PMS, and though no conclusive evidence has been found, it seems that PMS stems from a hormonal imbalance in the brain. Symptoms of PMS are varied and may be unrecognizable. They include: depression, fatigue, irritability, bursts of anger, aching breasts, bloating, sweet and salty food cravings, and severe headaches. If you think that you might have PMS it is important to keep a monthly chart of your symptoms and see if there is a cyclical pattern.

What to do for PMS?

- Make sure you are getting enough Vitamin B. Lack of vitamin B has been specifically related to breast swelling, bloating, and depression.

- Avoid salty foods.
- Avoid caffeine.
- Chart your menstrual cycle so that you can plan ahead to avoid especially stressful situations.
- If your symptoms are severe, medical treatment by a physician may be necessary.

For additional information on PMS, contact: National PMS Society, 3314 University Drive, Durham, NC 27707. Telephone: 489-6378 (6377).



Menstrual Problems

During the days of menstruation in a month, a woman's body may be bombarded by a multitude of problems—from "period blues" to acne breakouts to gut-wrenching cramps. Here are some helpful suggestions which might make life a bit more comfortable during that time of the month.

Cramps: Cramps, or *dysmenorrhea*, are caused by prostaglandins, which are chemicals in almost every cell in the body. The prostaglandins regulate the tone of involuntary muscles, and in excessive amounts they cause contractions. During menstruation, the level of these chemicals increases and the uterus contracts, cutting off the blood supply and oxygen, which causes pain (the same type of reaction happens during a heart attack). Besides affecting the uterus, the high level of prostaglandins may cause headaches, diarrhea and nausea. About half of the women who menstruate have cramps.

Medications that have prostaglandin inhibitors, like *ibuprofen*, are the most effective at calming uterus contractions. Other ways to alleviate the pain are:

- Heating pads. These dilate blood vessels and increase blood flow to the uterus.
- Exercise. Movement increases blood circulation and helps relax muscles.
- Health and diet. Though it has not been scientifically proven, diets low in caffeine, salt, sugar, and high in fiber and B vitamins may help.

Blues and Blahs: Why do tears and moodiness seem to come more easily during our periods? Some experts say that estrogen, which plummets premenstrually, is an anti-depressant. Others say that *endorphins*—our brain's "feel good" chemicals—also decrease during menstruation. Diets high in sugar may also cause our emotions to go crazy.

Whatever the cause, there is not much that can be done, medically, to cure moodiness. Exercise is great at relieving tension—try it even if you feel blah and unmotivated. Exercising also may help you feel more in control of your body. Watching your diet may help here too.

In short, if your emotions are usually stronger during menstruation, plan ahead. Avoid pressure situations and troubling people that may cause unnecessary stress and anxiety.

Breast Self Examination

Most breast lumps and cancers are discovered by women themselves and not by doctors. The earlier a lump is detected the better the chances for successful treatment. Learning how to examine your breasts can save your life.

Breasts vary from woman to woman. In each woman they also may vary on a monthly basis. During menstruation, breasts swell and bloat and may feel more lumpy. Weight loss and aging may cause wrinkles or stretchmarks. The size of the nipples also may vary. Also the circular area, the *aerola*, usually enlarges

during pregnancy. Finally, a woman's breasts are rarely identical; their shape is determined by weight, heredity and muscle support.

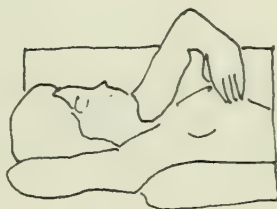
Examine your breasts once a month, one week after your period when they usually are not tender or bloated. All college-aged women should get in the habit of examining their breasts regularly.

Breast Self-Exam:

In the shower: Hands glide easily over wet skin. Fingers flat, move gently over every part of each breast. Use right hand to examine left breast, left hand for right breast. Check for any lump, hard knot or thickening.

Before a mirror: inspect your breasts with arms at your sides. Next, raise your arms high overhead. Look for any changes in contour of each breast, a swelling, dimpling of skin or changes in the nipple. Then, rest palms on hips and press down firmly to flex your chest muscles. Left and right breast will not exactly match — few women's do.

Lying down:: put a pillow or folded towel under your right shoulder. Place right hand behind your head, and with your left hand fingers falt, press gently in small circular motions around an imaginary clock face. Begin at outermost top of your right breast for 12:00, then move in a small circle to 1:00, and so on around the circle back to 12:00. A ridge of firm tissue in the lower curve of each breast is normal. Then move a inch toward the nipple, and keep circling to examine every part of your breast, including the nipple. This requires at least 3 more circles. Repeat for the left breast. Notice how your breast structure feels. Finally, squeeze the nipple of eah breast gently between thumb and index finger. Any discharge, clear or bloody, should be reported to your clinician immediately.



For additional information and help with breast cancer, contact:
Breast Cancer Support Group, attn: Barbara Steckler at 967-1515 (office).

Gynecological Exams

Just as breast exams help detect breast cancer, regular gynecological (GYN) exams are essential in detecting genital cancer, infection or abnormality. As with breast cancer, genital cancer has better chances for successful treatment if it is found early. During a GYN exam the doctor takes a cervical (PAP) smear which tests the cells in the neck of the womb. Nearly 90 percent of all women who have died from cervical cancer never had a routine exam, so taking this simple precaution is vital!

All 18 year old women, or younger if sexually active, should start having annual pelvic exams. Here is a brief description of what to expect when you go in for your exam:

The exam begins by placing your feet into stirrups on either side of the examination table so the physician can clearly examine the pelvic area. The external organs will be examined, and then by inserting a speculum, which is a stainless-steel or plastic instrument, the internal organs can be observed. A sample of your cervical mucus will be taken to check for abnormalities—this is the PAP smear. These cells will be taken to the laboratory to be checked for cervical cancer. After withdrawing the instrument, the physician will insert two fingers into the vagina and then into the rectum to check for swellings or growths.



The exam may cause a minimal amount of pain or discomfort, especially if it is your first exam or if you have not yet been sexually active. The best way to minimize the discomfort is to take deep breaths and try to relax as much as possible. The whole exam takes only a few minutes.

The health educator at Student Health offers a brief information session before pelvic exams two times each week. She discusses important health issues, like breast self-exam information, birth control and sexually transmitted diseases. She is also there to answer any questions you may have. This information session is highly recommended for those women who have never had a GYN exam before; it is helpful in alleviating the normal anxiety you may feel.

If you have any more questions on cancer, call the Cancer Hotline at: 1-800-4CANCER.

Common Health Problems

Urinary Tract Infections/ Cystitis

At some time in our lives, 4 out of 5 women will suffer from a urinary tract infection (UTI) or cystitis. It is one of the most common health problems in women. In fact, it is the second most common bacterial infection after the cold.

Cystitis is an inflammation in the bladder and/or urinary tract. The bacterial responsible for the infection is the *E.coli*, which is usually present in the anal area. The symptoms of a UTI are not hard to recognize; they include:

- frequent burning urination, but usually only in small amounts
- cloudy or foul-smelling urination
- lower back pain
- pain during sex
- blood in urine

If you find yourself suffering from any of these miseries, you should be tested by a doctor. The doctor will take a urine sample to confirm the diagnosis, and antibiotics will be prescribed. If not treated, the infection may progress and cause permanent damage.

What causes UTI?

- bruising, usually from sexual intercourse
- hormonal changes (perhaps from the Pill)
- infection in the bowel
- stress may be a factor

What are some of the ways to alleviate the pain and discomfort?

- Drink as much liquid as possible to help flush out the urinary tract. Cranberry juice is especially beneficial because of its acidity.
- Go to the bathroom everytime you feel the slightest urge.
- Wipe from front to back, not back to front because that may spread the *E. coli* bacteria.
- Avoid tight pants and wear cotton underwear that 'breathes'.
- Change tampons or sanitary pads frequently.

How can you prevent a UTI?

Follow the same guidelines above at all times, as well as:

- Go to the bathroom as soon after sexual intercourse as possible. This flushes out anything "foreign" that may have gotten into the urethra.
- Avoid vaginal deodorants because they may possibly cause an allergic reaction.
- Urinate frequently. Do not "hold it in" for long periods of time.
- A diaphragm may put pressure on the urethra making some women more susceptible to UTI's. If you have persistent problems with UTIs and you use a diaphragm, you may want to consider using another form of birth control.

Vaginitis

A clinical definition of vaginitis describes it as an inflammation of the vagina and vulva marked by pain, itching, and discharge. Many women who have experienced vaginitis describe it as a nightmare.

Normally, the vagina discharges secretions from the cervix and vaginal walls. This discharge is usually filmy with little odor. Every woman has some vaginal discharge, and it varies during the menstrual cycle and sexual arousal. A "healthy vagina" has organisms that fight off bacteria.

An abnormal vagina—one with vaginitis—has unbalanced levels of these organisms, and therefore the vagina is more susceptible to bacterial infection. Several factors may contribute to this lowered resistance:

- poor diet
- some medications (antibiotics, hormones like the Pill, douching)
- pregnancy
- the last two weeks of the menstrual cycle
- intercourse without sufficient lubrication

- tight pants
- psychological factors, like stress

Yeast infections are the most common type of vaginitis. They are caused by the fungus *monilia*, which causes a white, cheesy, odorous discharge. The other type of vaginitis is *trich* (trichomonas infection). Usually this type is transmitted through sexual intercourse, but it also may be passed through towels, clothes, etc. The symptoms of trich are much the same, only the discharge is yellow/green, thin and smells unpleasant.

Treatments:

- Most likely your doctor will prescribe medication. Be sure to take all the prescription even though symptoms may be gone. A check-up appointment may be a good idea.
- Don't scratch—it can only make it worse.
- Keep the vaginal area as clean and dry as possible.
- Wear cotton underwear.
- Avoid tight pants.
- Tell your sexual partner about your problem.
- Wipe from front to back.

Contraception

If you decide to be sexually active, it is vital that you become educated about birth control. It takes only one act of intercourse to become pregnant—only one!

A sexuality questionnaire was sent to 400 randomly selected Duke undergraduates in 1986. One of the questions asked, "How often do you and your partner(s) use contraceptives during sexual intercourse?" Unfortunately, only a little more than half (56%) said that they *always* use contraceptives. Among that 56 percent, the two most popular methods were the condom and the pill. However, two very ineffective methods were also used, withdrawal and rhythm.

Why are so many sexually active adults taking such big chances with ineffective methods or not using any birth control at all? In discussing this question with some Duke women, several reasons for reluctance to using birth control emerged. Many women are uncomfortable discussing contraception with their partners. Some said it "spoils the mood"—birth control is not a romantic topic. Others said that communication with their partner was not open enough to discuss contraceptive options.

Another reason for not using birth control that many women discussed is that by not taking on that responsibility, we are still denying our own sexuality. It is

a big step in personal development to become sexually active, one that many women are hesitant to take or are afraid to face. Using birth control confirms our sexual involvement.

However, you owe it to yourself to protect against unwanted pregnancies and sexually transmitted diseases. It may seem like a big step to consider birth control, but your health and well-being, as well as that of your partner, are at stake. So here is a guide of contraception options, with all the advantages and disadvantages. NOTE: With AIDS present in our community, all of us would be wise to use condoms regardless of whether we know our partner well or not. Even if we are using other forms of birth control, condoms are the only form that will protect us from AIDS.

The Diaphragm: The diaphragm is a shallow, dome-shaped, flexible cup that covers the cervix (the opening to the uterus). The diaphragm must be used with spermicide. This method prevents pregnancy in two ways: it acts as a barrier to stop sperm from entering the uterus, and the spermicide kills the sperm.

According to the 1986 Duke sexuality survey, not many women choose the diaphragm. Many women feel that it is too much of a hassle and too messy. However, if you really look at the advantages, the diaphragm may be perfect for you.

The diaphragm could be attractive to women who have intercourse sporadically as it is not an everyday obligation. Also, the diaphragm may be used during menstruation. There are no side effects or serious health risks, and it may help guard against some sexually transmitted diseases, except AIDS, and cervical cancer. Most importantly, if used correctly and with a spermicides, the diaphragm is 85-98 percent effective.

The diaphragm may be inserted up to six hours before intercourse. This fact should quiet the concern that the diaphragm, like the condom, interrupts lovemaking. Another concern is that some women may be allergic to the latex rubber or the spermicide, but there are different kinds that can be used if this is the case.

If you decide to use a diaphragm you must make an appointment for a pelvic exam with your doctor. She/he will measure your cervix and vagina to ensure a perfect fit. Your doctor should also teach you how to insert the diaphragm properly, how to remove it, and how to care for it. This may take practice, and once you have it properly inserted, neither you nor your partner should be able to feel it. The size and shape of your vagina may change, especially if you lose or gain more than ten pounds, so you may wish to periodically get remeasured.

Before you insert the diaphragm, a small amount of spermicide should be put inside the dome—the side against the cervix—and spread around the rim. For full efficiency, intercourse should occur no later than six hours after insertion. If you have more than one act of intercourse, additional spermicide must be placed in the vagina with a plastic inserter.

It is important that you use the diaphragm every time you have intercourse, and not just when you think you are ovulating. As discussed previously, it is really tough to figure out exactly when you are fertile. Don't take chances—the diaphragm can be extremely effective if used consistently.

The Birth Control Pill: The birth control pill is the most effective means of birth control available to women—it is 98-99 percent effective. The Pill, however, does not prevent against any sexually transmitted diseases (STDs). There are two ways to take the Pill, the 21-day or the 28-day regime. Some women prefer the 28-day system of 21 “active” pills and 7 placebos because it is easier to remember to take the Pill everyday.

Most Pills are a combination of two hormones, *progesterone* and *estrogen*. The Pill suppresses ovulation by maintaining high levels of these two hormones in your body for the first three weeks of the menstrual cycle. More specifically, the estrogen stops egg development in the ovary, and the progesterone changes the mucous in the uterus to make it “unhospitable” to sperm.

The Pill is most often the choice of sexually active women. Also, it appeals to women who do not want birth control to interfere with the spontaneity of lovemaking. Finally, some women take the oral contraceptive because they feel uncomfortable touching themselves and find other methods too messy. Some of the Pill's benefits include:

- shorter, more regular periods with fewer cramps.
- decreased blood loss during menstruation, and lowered
- chance of anemia (iron deficiency)
- protection against benign breast lumps
- protection against endometrial and ovarian cancer

But like all methods of birth control, the pill does have some drawbacks. Some women do not like completely altering their natural menstrual cycles, and sometimes normal fertility may not resume until a few months after you stop taking the Pill. Other drawbacks can include:

- nausea and vomiting
- moodiness
- fluid gain, bloating
- spotting between periods
- breast tenderness
- weight gain

There is some uncertainty about the long-term effects of using the Pill. It just has not been around long enough to be sure that it is 100 percent safe. More serious problems are rare; however, the chance of developing blood clots, heart problems or strokes is increased if you take the Pill. The risk factors are especially increased if you have a history of blood vessel disorders or any of the following:

- smoke
- have high cholesterol level
- have high blood pressure
- have diabetes.

There are warning signs to these complications. If you experience any of the following symptoms while taking the Pill, contact your physician immediately. The danger signals are:

- abdominal pain
- chest pain
- headaches
- eye problems
- severe leg pain

If, after weighing the pros and cons, you decide to start taking the Pill, you must make a GYN appointment with your doctor. She/he will check your blood pressure and give you a breast and pelvic exam. You will be prescribed enough for three months. After this trial period, return to your doctor for a check-up. A follow-up appointment, including a PAP smear should be made *once a year*.

Here is the basic procedure for taking the pill:

- Start on the first Sunday after your period begins.
- Take your pill every day at the same time. To help you remember, associate taking the pill with something in your everyday routine, like brushing your teeth.
- If you miss one pill, take that pill as soon as you remember it. Take that day's pill, then, at the usual time.
- If you miss two pills, take two as soon as you remember and two again the next day. Unfortunately, if you miss two pills, you will have to use a back-up method of contraception for the rest of the month.

Here are a couple of last things to think about. If you find yourself forgetting to take the pill a lot, maybe you should re-evaluate other methods and find one that is better suited to you. Finally, remember that birth control pills are a medication. Be sure to tell your physician that you are on the pill if you are being treated for another health problem.

The Condom: What is a condom? It is a thin rubber or animal sheath that fits over an erect penis. At ejaculation, the semen is caught in the closed end of the condom so that it cannot pass into the vagina. There are hundreds of different kinds of condoms, those with ribs, different colors, different flavors, and lubrication added. If you decide to use condoms, you may wish to try different

kinds.

Today, condoms have taken on a new popularity—they are the second most widely used contraceptive in the U.S. after birth control pills. Condoms, or “rubbers”, used to be joked about and never really considered a practical form of birth control. Condoms used to only be bought and carried by men. Today it is common for both women and men to buy and initiate the use of condoms. With AIDS now present in our community, it is especially important for women to protect themselves, this entails taking on the responsibility to purchase and use condoms.

Why are condoms so widely used these days? First, condoms, used in combination with a spermicide, are 95-98 percent effective; that percentage drops to 80-98 percent if no spermicide is used. Furthermore, condoms serve not only as contraceptives, but also as barriers against diseases, especially AIDS and herpes. Third, condoms can be bought over the counter in most drug stores, and a doctor’s appointment is not necessary. Another important advantage is that men are forced to share responsibility for birth control. Here are some more advantages:

- no serious health risks
- may increase ability to maintain erection longer
- can provides lubrication

What about the disadvantages?

- interrupts lovemaking
- possible reduced sensitivity
- prompt withdrawal necessary to prevent spillage
- unpleasant taste during oral sex
- fear that condom may break

If women are going to buy condoms it is important that we know how to use them. First, if you use a spermicide, in either foam or suppository form, insert 10-15 minutes before intercourse. The condom should be put on before the penis has any contact with you—pre-ejaculatory fluid still has sperm and can cause pregnancy. Leave about one-inch at the tip of the condom to catch the semen. While unrolling the condom, pinch the tip of it so no air gets caught—this helps prevent breakage. Sometimes, you may need added lubrication, but be sure to use a water-based jelly, like “KY jelly” and not vaseline which deteriorates the latex. During intercourse, it may be necessary for one of you to hold the rim of the condom so that it does not fall off. After ejaculation, hold on to the rim before withdrawal to that nothing leaks out. Each condom can be used only once. Finally, condoms should be stored away from heat.

Contraceptive Sponge: The sponge is a relatively new method of birth control

and therefore, many women are not sure how effective it is or how it is used. The sponge is a polyurethane pillow-shaped sponge that has been saturated with nonoxynol-9 spermicide. One side of the sponge has a concave dimple that fits on the cervix. The other side has a loop to help remove it, sort of like a tampon. Not only does the spermicide block the sperm, but the sponge absorbs it. The effectiveness of the sponge varies from 72-98 percent.

Because the sponge is one-size-fits-all, no medical appointment is necessary, and you can buy it at any drug store. This seems to be the main advantage for women you are uneasy about talking to their doctor about birth control or who only engage in intercourse sporadically. Here are some other benefits:

- it is not messy, no applicators, etc.
- it is effective for 24 hours, no matter how many times you have sex
- provides some protection against STDs
- can be inserted hours before so spontaneity does not have to be affected

Some of the main disadvantages are:

- cannot be used during menstruation (possible toxic shock syndrome)
- may produce vaginal discharge or odor
- may be difficult to remove, it may tear
- may be dislodged during a bowel movement

To use, the sponge should be moistened with water and then inserted much like a tampon. It is vital that the sponge remain in place for 6 hours after sex so that the spermicide can kill off all the sperm. However, the sponge should not be left in for more than 24 hours continuously.

Because the sponge is so new, studies on its effectiveness and health risks are not conclusive. The sponge may be the perfect solution in a pinch, but it seems somewhat risky to use it all the time.

Other Methods Of Contraception: This chapter has only fully explained the most effective and most popular methods of birth control available. Withdrawal, or *coitus interruptus*, is not effective because the pre-ejaculatory fluid contains sperm. As mentioned before, the rhythm method is too hard to predict. The IUD has been the focus of many law suits because it has permanently sterilized some women. The only 100 percent efficient method of birth control is abstinence, and this method should not be underrated or scorned. It is a method that more and more women today are choosing, especially with the new fear of AIDS and other STD's. Do not feel pressured to engage in a sexual relationship if you do not feel comfortable; remember, it is your body!

A final note on contraception. If you are sexually active, make sure you share responsibility for birth control with your partner. Discuss the options, risks and costs to help decide what method best suits your needs. Some additional sources of information on birth control are: *Our Bodies, Ourselves*, PICES, Student Health (at Pickens see Jan Kaufman), Planned Parenthood (93 Elliot Road, Chapel Hill, NC 27514).



Sexually Transmitted Diseases (STDs)

Because we live in a rather sheltered environment here at Duke, many of us think that we are protected from some of the harsh realities of life—one of them is sexually transmitted diseases (STDs). Unfortunately, we are just as vulnerable to them as anybody, and we need to take steps to guard against them; most important is awareness.

STDs have been in the spotlight more in the past year than ever before. AIDS, herpes, and other diseases have been on the covers of national magazines and on TV news. Everyone has cause to be concerned, especially if sexually active.

The good news about STDs: most of them can be prevented by barrier methods of contraception, like the condom, and most of them can be completely cured if detected early and properly diagnosed.

CHLAMYDIA: Chlamydia is the most prevalent of all STDs, even though relatively few people have ever heard of it. It is more common than herpes or AIDS: about 3 million American get chlamydia each year. It primarily affects women and men in their late teens and early twenties.

Chlamydia is an organism that is both like a bacteria and a virus. It is a dangerous infection because frequently, especially in women, there are no obvious symptoms.

What to look for? For women, there may be genital itching and burning, some pus-like discharge, pain in the pelvic area, and/or bleeding in between periods. In men, there may be a slight discharge and/or painful urination. These symptoms, if they appear, usually show up about one to three weeks after contact with an infected person.

Chlamydia is treated with antibiotics. It is important that you notify your partner if you discover that you are infected because both of you must be treated. If left untreated, chlamydia may cause sterility.

SYPHILIS: Many years ago, syphilis was rampant, and it was associated with brain damage, senility, and even death. Fortunately today syphilis is more controlled, though it does still exist.

Syphilis is an infection caused by a spirochete bacteria that enters the body during sexual contact and invades the blood and lymph systems. Syphilis has three stages, and like chlamydia, no symptoms may ever occur. In the first stage, nine to 90 days after contact, painless sores are produced on the genitals or mouth. In women, these sores may be hard to see if they are internal. Though the sores may disappear, the infection is still alive. The second stage may start from one week to six months later, and this stage is highly contagious. Symptoms in this stage may include a body rash, a sore throat, painful joints, and hair loss. The symptoms are varied and they may occur periodically over many years. The third stage is very severe and may cause permanent damage to the heart, blood vessels, and brain.

If you think that you may have syphilis, go to your doctor for a blood test. Syphilis is treated with antibiotics most effectively in the first stage.

GONORRHEA: Gonorrhea, or "the clap," is also a bacterial infection which can be transmitted only through sexual contact. Unfortunately, most women experience no symptoms, which makes detection difficult.

If women do experience symptoms, they include vaginal discharge, abdominal pain and fever. In men, gonorrhea produces a yellow-green discharge from the penis. Urination is usually painful and the tip of the penis may be red and swollen.

Gonorrhea can only be tested by taking a sample of a cervical smear from the women and/or the male discharge. If the tests are positive, penicillin will be prescribed. It is very important that during treatment you abstain from intercourse or oral sex. If untreated, gonorrhea can cause sterility or heart problems. Also, there is no immunity from gonorrhea and one person may get it several times.

HERPES: Herpes is probably one of the most frightening STDs because the medical profession has been unable to come up with a cure for it. Herpes is caused by two different viruses—Type I (oral) and Type II (genital). Both types, however, can cause disease in the genital area and all over the body.

The herpes virus causes sores and blisters around the mouth (cold sores), genitals, and anus. Other symptoms include enlarged lymph glands, fatigue, and flu-like symptoms. These symptoms will recur at different times, most often during periods of physical or emotional stress.

Treatment can only soothe the symptoms, but it cannot make the disease go away. Because there is no cure, many people infected with herpes think their sex lives are ruined. When the sores are present, sexual contact must be avoided to prevent spreading the disease. Also, all people who have herpes have an obligation to tell their sexual partners. However, after the sores have healed, you do have some options. Use a condom if you want to have sex. There are many people who have learned how to deal with herpes in their life, and many of them are involved in relationships. The disease differs in every person, so be sure to talk to your doctor. For more counseling and information, contact: Triangle Help, "Herpes Support", 929-3471.

AIDS: AIDS is short for Acquired Immune Deficiency Syndrome, and it has become the nation's most serious health problem.

What is AIDS? It is a retrovirus (HTLV-III) that is extremely fragile and can live only inside the body. It is present in the body fluids (blood, semen, saliva) of people who are infected, whether or not they show symptoms. Many of the symptoms of AIDS and ARC are flu-like ailments: excessive fatigue, fever and chills, weight loss, enlarged lymph nodes, sore throats, persistent cough, prolonged diarrhea, and purple, blotchy skin. If you have had any one or a combination of these symptoms for more than two weeks, you have good reason

to get a medical exam. Never hesitate to get checked out if you are worried.

Perhaps the biggest misconception about AIDS is how it actually gets transmitted. The only known ways that the virus can be transmitted are through semen, blood and cervical secretions. The virus can live in saliva, tears, breast milk, urine, bone marrow, and lymph nodes, but no one is known to have ever contracted the disease through contact with these things. AIDS *cannot* be transmitted through coughing or sneezing, toilet seats, drinking cups, swimming pools or casual kissing. It *can* be passed through sexual activity and sharing intravenous needles; any exchange of blood or semen is very risky. Furthermore, certain sexual acts are more risky than others. It is important to practice safer sex, and this takes communication with your partner.

What do all these facts mean to us as women? Several years ago, it seemed that AIDS was a disease affecting mostly gay or bisexual men or intravenous drug users. Women used to be somewhat 'safe'. Today, however, with the virus spreading to people with all different sexual preferences and habits, we all have reason to be concerned. AIDS is not selective. The bottom line is to find out about your sexual partner's sexual experience and to use condoms if you are not in a monogamous relationship. One way to approach talking about precautions is to say, "I am concerned about protecting myself because I have heard so much about AIDS". Hopefully, a phrase like this could lead into a lifesaving conversation. Using a condom is wise even if you are confident that your non-monogamous partner is "safe", the only real assurance that someone is not a AIDS carrier is to have a blood test done.

Sexual Dysfunction

Intimate relationships are not easy; they take time and are very complicated. Sex may enrich a relationship, but it also may complicate one. Many people think that sex is supposed to come naturally—that it is instinctual. However, satisfying sexual relationships usually are the result of experience and learning. It helps to know what happens to your body and your mind, as well as what happens to your partner's during sex. Sharing with your partner what you like or what you feel uncomfortable with can make sex a much more pleasurable experience.

Sexual dysfunction is a big term encompassing all the things that can go wrong during sexual activity. Believe it or not, most people at some time in their lives experience some type of sexual dysfunction. Here are some of the most common sexual dysfunctions in women.

GENERAL INHIBITION: The term “frigidity” has been used for this problem, but this has an unnecessary, demeaning connotation. General inhibition simply means that a woman feels no sexual excitement, or not enough to initiate physiological arousal (lubrication, etc.) Therefore, even if sexual activity continues, the woman will not experience orgasm. Many times, women in their first sexual relationships do not feel genital arousal. This usually improves as you feel more confident and less anxious about sex. General inhibition may also be a result of moral conflicts and social pressures.

ORGASMIC DYSFUNCTION: Sometimes even if a woman is aroused, she is unable to achieve an orgasm. Some women have never had an orgasm, others have but later are unable to. This problem can be very frustrating. Most experts say that the major cause is being overly concerned with having an orgasm; some women make it their main goal. In this situation, sex loses its pleasure and becomes a chore. Another cause may be a partner who is selfish, over eager, and insensitive—this turns women off.

If you are having problem reaching orgasm through any method of stimulation, talk it over with your partner. Try to forget aiming at orgasm and just enjoy. If you still have no luck, seek out a doctor, health counselor or therapist. Sometimes there are underlying emotional reasons for not being able to have an orgasm, and you will probably feel less anxious if you discuss them.

VAGINISMUS: Vaginismus is the painful contractions of the muscles that surround the vagina. In some women, they are mild; in others, the contractions are powerful and very painful. There are both physiological and psychological causes for this dysfunction. Physically, you may have a vaginal infection, blocking scar tissue, or unlubricated mucus membranes. A physician will be able to see if these are the reasons.

There are also emotional causes to vaginismus. Sometimes, women who are too tense, fearful of pregnancy or uncomfortable just cannot relax those muscles. Some women have inhibitions formed from emotionally disturbing sexual experiences, like abuse or rape. These emotions and fears manifest themselves physically by making intercourse painful or impossible.

Talking out your fears, using contraception, and communicating your anxieties may alleviate the pain. If you cannot sort out your feelings, try talking to a doctor or therapist.

Sexual dysfunction can be very frustrating and painful. However, in most cases the problems can be solved. Do not be afraid to admit to yourself or some one else if you think you have a problem. Openness is the key to restoring sex to being a pleasurable experience.

Eating and Drinking

5

Imagine an entire week when you didn't hear a female friend say something about her weight ... Imagine a week in which you never once thought to yourself, I'd like to change a thigh or a calf, inflate or deflate a breast, or did not feel guilty for not changing it ... Imagine how much time we would have to think about math equations or the Gardens...Imagine if we lived in a culture which didn't judge a woman so much by how she looks but by how well she shoots a basketball or pitches a baseball.

Eating and alcohol drinking patterns are linked so intricately with our culture that it can be difficult to imagine changing them. A place to start is to bring our experiences — our sisters and mothers experiences — with healthy and unhealthy eating and drinking patterns out into the open and make it less stigmatizing for people to seek help. We will have begun to shape our culture in ways more suited to women's mental and physical well-being.

One tip we will pass on: When you're assessing your eating or drinking patterns ask yourself what do I value?, why do I?, how can I achieve that?. Remember that your health is both physical and psychological, and the two affect one another. And, if a problem does develop, don't be afraid to ask for help. On campus CAPS, Student Health, and PICAD are resources available for you.

Nutrition

Because of our child-bearing capability, women have nutritional needs that men do not. Below are some general and specific tips on common nutrition that young women can use to ensure a healthy diet.

Nothing ensures good nutrition like well-balanced meals. Vitamin supplements are not absorbed as well as vitamins contained in natural foods, and thus should not be considered a equivalent substitute.

Women who are strict vegetarians or don't often eat meat need to ensure that their protein, iron, vitamin B12, and zinc intakes are adequate. Since these nutrients are found in meat, they can be deficient in a vegetarian diet.

Oral contraceptives change the body's hormone levels; this in turn creates a potential for nutrition problems. Problems, however, usually only occur when a previous dietary inadequacy exists. The nutrients most commonly effected are folacin, vitamin B12, vitamin C, iron and zinc. Problems will develop only after stored nutrient supplies are depleted. Ask your physician about these possibilities if you are concerned.

IRON: Women are the most likely targets for iron deficiency, particularly those between the ages of 15-44. Many times when watching our weight we avoid iron-rich foods such as meat and dairy products. In younger women deficiency may also stem from heavy periods and/or physical growth which depletes iron reserves. Pregnant women especially are at a high risk for iron deficiency.

If you have had persistent feelings of weakness and fatigue, do more than take iron supplements. Go to a physician for blood tests to determine your iron level, anemia can result from a depletion of iron.

In most cases, altering your diet to include more iron-rich foods cures iron deficiency. Some good sources of iron include: beef, liver, raisins, shrimp, peanut butter, apricots, broccoli and other green vegetables, cashew nuts, *enriched* bread and tuna fish.

Various factors will effect the rate at which nutrients (such as iron) are absorbed. Caffeine filled products such as coffee and cola cut back on absorption as much as 39 percent; tea cuts absorption up to 87 percent, even when consumed with iron-rich food. Try switching to caffeine-free beverages, or drink caffiene only before meals. Too many high-fiber foods may also interfere with iron absorption.

Consuming foods rich in vitamin C, such as citrus fruits and dark green vegetables, can increase iron absorption enormously. Vitamin C must be

consumed along with the iron-rich foods for it to be effective. Using enriched products like rice, spaghetti, breads, cereal and crackers can also help you get more iron into your diet. Also, try cooking in iron pans and/or using iron utensils — the iron the food absorbs can then be used by your body.

CALCIUM: Many young women hesitate to consume the necessary amount of calcium because calcium-rich foods, like dairy products, are calorie-laden. Also, during menopause, the body ceases production of estrogen, further depleting the calcium stores. Excessive exercise may also affect estrogen production.

Researchers stress to women under the age of 40 the importance of storing as much calcium as possible. Some studies show that decreased consumption of calcium products may be a major cause for osteoporosis, a crippling bone disease which emerges late in life.

The Recommended Daily Allowance (RDA) is 800 milligrams a day (just about three glasses of milk a day). However, this is too low for many women, whose needs vary over their life-cycle.

Age	Milligrams/Day	Pregnant/Nursing women
11 to 18 years	1200	1600
19 plus years	800	1200
40 plus years	800	

Sources of Calcium : 1 cup 2% lowfat cottage cheese (154), 1 glass 2% lowfat milk (297), 1 cup fruit flavored lowfat yogurt (345), 1 cup ice cream (176), 1 cup cottage cheese (126), 1 oz. brick cheese (191).

Eating Disorders

Eating well and taking care of your self physically and mentally can be especially difficult in a competitive environment like Duke. Two factors however make it particularly difficult for women throughout our society to eat for health rather than for emotional and psychological reasons. Food is laden with many cultural values, and women as traditional managers of food, may be more susceptible to projecting values onto food and their consumption of it. The second factor, and perhaps the more visible one, is the extreme emphasis our society places on the appearance of women, valuing thinness, perhaps to the exclusion of health.

If you are trying to assess your eating patterns, it might help to keep in mind that if you feel good about yourself you will take care of yourself and be proud of your body. Ownership of one's body — a sense that you determine how it should look and be — is an effective way of fighting the tendency to eat for emotional or psychological reasons. Ask yourself "what can I change about my appearance, what can't I? Perhaps most importantly ask yourself, " why do I want to change?"

What follows is a brief outline of several of the most common eating disorders (and what you can do if you think you or someone you know fits into one of these categories).

Compulsive Eating or "The First Year Fifteen"

Gaining several pounds during one's first year is common among college students. Women, however, often feel bad about themselves for this extra weight and dieting without success can intensify this feeling.

You have options if you eat compulsively on occasion or are in a diet-regain cycle and want to change this. It may help to discover what is sabotaging your attempts to lose weight. Jean Hausen, head nurse at Pickens, and Jan Kaufman, health educator, conduct nutritional and diet planning. They can provide diets, information on how to diet at Duke, handouts and ongoing support. Call 684-6721 to make an appointment. For more information regarding possible psychological reasons for your failed diets call CAPS (684-5100). One of the most useful resources are the books: *Fat is a Feminist Issue I* and *II*, available at the Gothic Bookshop.

Bulimia and Anorexia

The overwhelming majority of bulimics and anorexics are women, and, like many Duke students, are high achievers and come from middle-class, upwardly mobile families. Other characteristics of bulimics and anorexics range from a lack of self-esteem too distorted body image to obsessive concern with food, with weight loss seen as the answer to all problems. They are also eager to please, comply and achieve in order to elicit love and approval from others. When in stressful situations (e.g. exams), bulimics will turn to food while anorexics will turn away.

BULIMIA: Bulimia is a binge-purge cycle, where someone will eat compulsively and uncontrolledly and then rid herself of the food by vomiting or taking laxatives. Many bulimics begin the cycle planning to limit purges to just a few

times or special occasions. Somewhere along the line, however, they become addicted, and feel unable to stop the cycle of bingeing and purging. As one bulimic said, "It's like alcoholism, only worse. An alcoholic can stop drinking cold turkey, but everyone still has to eat."

Bulimia is a serious health problem. It has been estimated that among college women 10% binge and diet while 3-5% binge and purge, although these are probably conservative estimates. Aside from the psychological drain these patterns cause, there are also serious physical health risks. Inducing vomiting can result in: chronically inflamed throat, swollen neck glands, and tooth decay from exposure to intestinal acids. Using laxatives does not rid the body of calories and can cause: intestinal infection, kidney damage, constipation, water retention or dehydration, and irritable bowel syndrome. Other effects of bulimia include fatigue, headache, nausea, abdominal pain or fullness, insomnia, cessation of menstrual cycle, or swelling of hands and feet.

ANOREXIA: Anorexia is "the relentless pursuit of thinness through self-starvation," a psychological disorder tied to a preoccupation with food and weight. The cause of the disorder varies from person to person. Some women, feeling as though they have no control over their lives, suppress their hunger and refuse to eat normally; their appetite becomes the one aspect of their lives they can fully control. As one post-anorexic states of the importance of control (over food):

At times I think I hang on to my old patterns of eating behavior as the only secure thing I can resort to. I often feel that this is the only part of my life over which I can exercise any sort of control, though it ends up in the absurdity of feeling that every bite is an act of losing control.

Recovery

Talking among women — with our friends and sisters — is perhaps our greatest resource when recovering from an eating disorder:

It's really important to realize that others are suffering from the same thing. It's absolutely necessary to confront the problem and its underlying causes before you can begin to work on it. It's really important that we try to help support each other. We can't be isolated and alone.

Trinity '90

How I felt about myself at the end of each day depended on how good I was, how much I had eaten or not eaten. This dictated my life — if I went over my carefully prescribed limits of how much of what I could eat I felt guilty and rotten. I would have to be better, more in control the next day.

My striving for perfection was never to make myself happy. Because, really, I was miserable. It was always to be perfect in someone else's eyes. I had to appear to be more in control, better than the rest to please someone else.

Trinity '90

Although it may be scary to admit to yourself you that may be having difficulties I would really recommend it. The people I talked with at CAPS were really helpful and not pushy at all. They told me a great deal and made me understand how eating disorders work. They don't try to force you to change—they showed me alternatives and allowed me control over my decisions and actions.

Trinity '88

Recovering from an eating disorder is a long psychological process. Counseling and support groups for anorexics exist at Duke. CAPS (684-5100) provides short-term individual counseling and support groups for people with eating disorders (spring 1988 there was not enough interest). CAPS will refer women to off-campus counselors for long-term counseling.

If you think a friend has an eating disorder there is little you can do until she decides she has a problem and wants to do something about it. Do not push. You might say, "I've noticed some things about your eating habits that worry me." If she refuses to acknowledge any difficulty, leave it at that. It is crucial that you be non-judgemental toward her; it is her responsibility to control her actions and she will decide when to seek help. Continue to be supportive. If you are really concerned about someone and you think the problem is getting serious, talk to your dorm RA. Talking to someone who has dealt with eating disorders before may help you find ways of handling the situation.

Reading about eating disorders might help you understand their causes, and suggest possible ways of dealing with them. The reading list that follows will provide information.

Reading:

The Golden Cage - H. Bruch

Anorexia Nervosa: Let Me Be - A.H. Crisp

The Best Little Girl in the World - S. Leveukron

Treating and Overcoming Anorexia Nervosa - A. Liu

A Young Woman's Triumph Over Anorexia Nervosa - J. Barrile

Bulimia - J.M. Cauwels

The Art of Starvation - S. MacLeod

Starving for Attention - C.B. O'Neill

Associations:

National Anorexic Aid Society, Inc. P.O. Box 29461, Columbus, Ohio. 23229

Center for the Study of Anorexia & Bulimia, 1 West 91St., NY, NY. 10024



Women and Alcohol

Recent reports on the social drinking patterns of women on college campuses have indicated that heavier consumption is on the rise. Women are drinking more in quantity and in potency, often preferring hard liquors in mixed drinks to beer and wine.

Many of the reasons women drink are the same for men. Some students drink to relieve tension and escape from academic pressures. Because alcohol tends to suppress social inhibitions, many students believe drinking can enhance the possibility of sexual encounters. Some alcohol researchers describe a common alcohol-sex link as follows: some people want to have sex but have moral pangs about engaging in it and thus get drunk so that they may blame their actions on alcohol. In 1987, seventy-one percent of the females in a survey for Professor Wendy Luttrell's sociology class (1987) said they had had intercourse under the influence of alcohol. One factor to keep in mind in this regard is the fact that alcohol compromises the effectiveness of most forms of contraception. In addition, if you are very drunk or have passed out, you are more vulnerable to harassment and/or assault.

Alcohol presents a paradox when it comes to sex. Alcohol may reduce inhibitions, but it also decreases the ability to have satisfying sex. Alcohol dehydrates the mucous membranes that lubricate the vagina, making penetration more painful for women. Some women may also have more difficulty achieving orgasm under the influence of alcohol. Alcohol also makes having and maintaining an erection more difficult for men. Alcohol overuse can lead to unpleasant, frustrating, and even violent sexual episodes.

Alcoholism & Children of Alcoholics

A woman who consistently overuses alcohol as a primary method of coping with life's stresses and problems and who becomes physically ill when she stops drinking completely has a disease called alcoholism. It is a disease that will develop at different rates in different women. Instead of using exercise, food, or music to relieve tension or cope with difficulties, the alcoholic most frequently turns to alcohol.

The disease of alcoholism surfaces in many people in college where they are exposed to increased stress and increased accessibility to alcohol. Students at risk for developing alcoholism may not realize the dangers because "everybody" appears to be drinking the same way.

Blackouts (inability to remember events which took place while drinking) indicate alcohol abuse, and may be an early sign of alcoholism.

Women comprise 20% of patients treated for alcoholism, although just under half of the nation's alcoholics are female. Women alcoholics tend to conceal their alcoholism longer before seeking help. The majority of women in treatment clinics identify a female—specific reason for starting to drink excessively- a feeling of powerlessness.

Current research indicates that individuals with a biological alcoholic parent are four times more likely to develop the disease, even when adopted and raised by other, nonalcoholic parents. This suggests that there is a genetic predisposition to alcoholism. Family history is only one risk factor, however. 50% of all alcoholics in Alcoholics Anonymous (AA) do not have an alcoholic in thier family.

Individuals who grow up in families with alcoholics often experience difficult psychological problems (such as chronic low self-esteem) in college and later in life, even if they do not drink themselves. Adult Children of Alcoholics organizations provide support and counseling for those people who grew up in the presence of alcoholic adults.

The intervention of family or friends is usually the initial impetus leading to treatment for the alcoholic. With developments in research and greater numbers of people speaking about their own addiction and recovery, it is hoped that more women from our generation will stop their destructive drinking before physical addiction develops. Many recovered alcoholics will tell you that Alcoholics Anonymous is the most successful path to regained health. However, many women opt out of traditional AA groups because of the strong spiritual focus which consistently refer to humans and to God as male.

There are local chapters of AA in Durham that maintain the strictest confidentiality. In fact, no one knows anyone else's last name! If you think you may have a problem with alcohol, or if you are concerned about a friend, call one of the numbers below to find out more.

Local Resources

•PICAD (684-6384) Peer Information and Counseling on Alcohol and Drugs is a group of Duke students who have received training on alcohol and other drug issues. They offer confidential information, education, peer counseling, and referral resources for students. They can also provide information and support for children of alcoholics. 60 to 70% of the counselors are female. The PICAD office is located in 103 Flowers Lounge. Office hours are posted on the door. Beth Armbruster (684-6721) is PICAD's staff advisor.

- Alcoholics Anonymous (Durham, 682-6561)

- ALANON (For relatives of alcoholics) (24hrs, 682-3993).
- Durham Helpline (683-8628)
- Alcohol Treatment Center (24hrs, 286-1656)
- Alcohol Information Center (286-2441)
- Rob Gringle at Student Health Services (684-6721)

Sexuality and Pregnancy

6

Questions about whether to have sex, with whom to have it, and what to do about unplanned pregnancies often lead Duke students to make strong statements about sexual morality. There is certainly a diversity of opinions — and in this section we will try to address this diversity. We hope it will raise questions for some, provide answers for others — and make the statement that there are not absolute answers to these complex questions.

Sexual Identity

Our sexual identities are a large part of our lives. Even if you are not active in a sexual relationship, or even actively “defining” yourself as heterosexual, homosexual, bisexual, or celibate — you only have to look at most mass media to realize the extent to which we are defined by our sexuality in our society.

Our sexual preferences change throughout our lives depending on changes in our bodies, emotions, and life situation. Our society often communicates the message that women’s sexuality is passive, or non-assertive, even bad or dangerous (e.g. Eve). But just like any other part of our identities, sexuality is an expression of ourselves: something to be celebrated, not suppressed. Although we’ve chosen to discuss sexual identity below using conventional terms, we hope that at the same time we can explode the barriers such definitions create.

Heterosexuality

At Duke, women are generally assumed to be heterosexual unless they make a conscious, public statement to the contrary. However, this assumption overlooks the approximately 10% of the population who are not heterosexual.

Some women’s decisions to be heterosexual are unconscious. They seek supportive and fulfilling relationships with men and do not seriously consider alternatives. For other women, their heterosexuality is the final result of much questioning and experimenting.

One common assumption in our heterosexual culture is that women and men are attracted to each other and need each other because of biological and psychological differences between the sexes. This ideology stresses the “incompleteness” of a woman without a man (and not a man without a woman) and perpetuates myths about the nature of men and women:

- that women are passive and men are aggressive
- that men’s sexuality is uncontrollable
- that birth control is the sole responsibility of the women
- that women “owe” men intercourse after a date, or after foreplay to relieve them

In a healthy relationship you are likely to find that each partner felt they were a whole person before entering the relationship. When a woman and a man see each other as two whole people offering respect and support to each other, and when they do not see each other as two halves trying to form a complete couple, there is usually opportunity for mutual growth.

The last time we had a family reunion, my relatives didn't really know how to relate to me. Here I am, a senior in college with two impractical majors and no husband in sight—not even a boyfriend! My plans to live with a female friend and go to graduate school didn't seem like legitimate goals to them. I don't think they'll count anything I do as a significant accomplishment until I bring them a husband. A couple years after that it'll have to be a baby. The longer I stay off this schedule of "what women do," the more alienated I become from my family.

Trinity '88

I never questioned my heterosexuality, never thought of it as a alterable thing. What I do remember from high school are my friends thinking I was "sooo forward" to actually pick up the phone and ask a guy out, or just talk for that matter. I've found most of the men I've been attracted to have been my 'equals' i- sharing outlooks , activities, and perspectives. More than anything, I've found that my best relationships have evolved out of a friendships where I know and trust a boy before 'a physical relationship develops. I'd say communication is the most important thing in a realtionship. Afterall if you can't talk to him, and be honest, than why should I b e having sex with him.

Trinity '88

Lesbianism

Lesbianism generally means having a sexual preference for other women. However, some lesbians prefer to extend this definition to being woman-centered and woman-identified. Just like heterosexuality, lesbianism is a positive choice—a choice to define sexuality, love, emotion, and relationships all in terms of women. Lesbians are often stereotyped as emotionally maladjusted, physically unattractive "masculine" women who are unable to "find a man." These stereotypes are perpetuated by a society that fears strong, independent women who can live complete and fulfilled lives that are based on the love and strength of women.

I first realized I was a lesbian when my good friend told me she was gay. This came as a big surprise, and it came to me as I thought about her that I could be gay too. I read some books about it, secretly, and began to identify more and more with what I read and soon realized that I too was gay. This was very frightening at first. I felt like it was such a big discovery, and meant my whole life would be different from my expectations. I would not grow up and get married like seemingly everyone else I knew, and I would not feel comfortable speaking openly of my relationships or displaying affection publically, like straight couples do.

I felt like surely everyone else I met would be able to tell right away of my new identity , and since there is so often such stigma attached to being gay. This was a terrifying period of time. The hardest part was telling my parents, which I wanted to do because if they didn't know I was gay, they didn't know the real me. It took two years to come out to my mom and I still haven't told anyone else in my

Because lesbianism defies the heterosexual expectations of society, it can be a political choice as well as personal act. Homophobia — the irrational fear and hatred of homosexuals — is overwhelmingly present in our society, and it takes enormous courage and support to come out. This fear of women who differ from the culturally-produced ideal of heterosexual women restricts the independence of all women, not just openly identified lesbians, because any woman who in any way challenges the construction of gender roles is in “danger” of being labelled a lesbian. If lesbianism as a choice were as legitimate as heterosexuality, then there would be no danger in this threat. But while lesbianism remains taboo in mainstream society, there can be physical and psychological violence against people perceived to violate the norms of society. At Duke there is organized support for lesbians through the Duke Gay and Lesbian Alliance (DGLA), ACCESS (684-8921), and CAPS (684-5100), all three of which provide support groups and refer women to area counselors upon request.

What's it like to be a lesbian at Duke? Well, it's not exactly San Francisco, is it? Duke is a very conservative place in outward appearances, and this makes it a pretty scary place to be when you're just coming out. There's not much organized support on campus, although there's a great women's community in Durham.

My experience has been that the better you feel about yourself, the less scary the world seems to you. I think what Duke needs is some strong, courageous lesbians and gay men to shock it out of its unconsciousness, to present the viewpoint that's rarely there in the Chronicle or anywhere else on campus. But the question is, if Duke is too scary a place to come out, how does one gain the strength one wants to have? With me, at least, time was the main thing. The more time that went by, the more relaxed I felt about myself, and the more I realized that the people I knew really didn't think it was that big of a deal if I was a lesbian. And the more I behave as if it's not a big issue with me, the more it isn't a big issue for the people I talk to. (Or if it is, they don't tell me about it.)

For me, experiencing repression first-hand because of my sexuality led me to realize how oppressed women are in general, and got me interested in feminism and what it had to say about all this. Last spring I took a women's studies course in which we kept a journal, and this process helped me enormously in working through all that I had to think about concerning my sexuality and my feminist politics, and how they fit together. This experience was invaluable in helping me come to terms with myself, and it is nice to know that many faculty members are a lot more open to talking about stuff than I had imagined, and certainly more open than the general university atmosphere.

My best advice to those who are coming out and need some support is to explore

some lesbian and gay support groups on campus and in the community. Meeting and talking to other gay people is a good way to feel more sure of your own sexuality and lifestyle.

Trinity '88

Bisexuality

The term bisexual refers to someone who has sexual desires for both men and women. A bisexual woman does not necessarily want to be sexually involved with both women and men at all times in her life or at the same time. For some women, bisexuality is a political statement designed to break down traditional gender stereotypes and create a freer atmosphere for sexual expression. It can be hard to fit in as a bisexual, because both heterosexuals and lesbians may be suspicious of the bisexual or her commitment to a community. But bisexuality isn't necessarily a way of straddling two worlds; it is a full and legitimate expression of sexuality.

The hardest aspect of being gay or bisexual at Duke is a feeling of isolation. Though Duke has its fair share of gays and bisexuals, there is a lack of community among them because, in my opinion, many are in the closet or caught up in maintaining the best-little-boy/girl image.

In order to come to terms with my sexuality, I left Duke and spent time abroad. There, I found extensive support systems that catered to gays and bisexuals. Since my return, I've learned that you don't have to leave the country to find others who understand you and your feelings. Durham has such resources and I hope people look into them.

Trinity '88

Being bi to me means that the biological difference between men and women are not all-important. Neither men nor women can automatically be ruled out as not being worth the energy of a relationship. What you can share with them, physically and emotionally, depends on their other characteristics. This, I think, is a profoundly political perspective. It means not engaging in the usual male vs. female Otherizing that is so prevalent.

Trinity '88

Celibacy

To be celibate means simply to abstain from sexual activity. A woman who is celibate doesn't have a lack of sexual feelings; she merely chooses not to act on them. Some women choose celibacy for life. Others choose it only before marriage, during a particularly spiritual or emotional time, or as a time to sort out problems in a relationship or in attitudes about sexuality. Celibacy is not a negation of sexual identity; it is a perfectly legitimate way to express one's self.

Many celibate women have discovered that abstaining from sex gives them a sense of spirituality that they find difficult to achieve when devoting large amounts of energy to a sexual relationship.

Celibacy is a hard lifestyle to talk about, because it brings to mind images either of cloistered nuns or spinster aunts. I made a conscious choice to be celibate after a relationship that had drained a lot of my energies and made me question a lot of my ideas about my sexuality. Even now, after sorting out many of the issues from that relationship, I love the sense of peace and freedom that being celibate gives me. I have a lot more time to dedicate to all of the people who are important to me, and a lot more time alone to replenish my own energies. Besides, I never have to worry about birth control! Perhaps at some point in the future I'll decide to have a sexual relationship, but maybe not. All in all, I think that being a spinster aunt sounds pretty fun!

Trinity '89

Masturbation

Masturbation, or auto-eroticism, means stimulating the clitoris or genitals in general by hand or with another object. Usually an orgasm is the desired result of masturbating. For some women, masturbation is only one part of their sexual life. Some, however, prefer to depend completely on themselves for sexual experience, and choose to make masturbation their only expression of sexuality. In the past, masturbation was considered dirty and mysterious, but today it is generally recognized as a normal and healthy part of sexual experience. It is estimated that 95-98% of women masturbate at some time in their lives.

Local Resources

If you are interested in exploring issues of your sexuality further, or simply want to have an open discussion, contact PICSES, the DGLA, CAPS, or ACCESS.

ACCESS is a new confidential counselling, support and referral service; it offers a telephone helpline and walk-in office hours. The office, located in the Bryan Center behind the information desk, also contains books pamphlets that cover such areas such as AIDS, gay and lesbian services and organizations, and many issues concerning sexuality. Volunteers have been trained by a local psychologist specializing in homosexual and bisexual concerns. Contact ACCESS at 684-8921.

Sexual Decision Making

The question of when or if to have sexual relationships is one that we all confront at some point in our lives. For many of us, college is the first opportunity to explore for ourselves what we find rewarding and satisfying in an intimate relationship. It is important to make these sorts of decisions carefully in order to ensure both your physical and emotional well-being. No one can make this decision for you. It is your body; you decide what to do with it. You must make your decision based on your own thoughts, feelings, and values. What follows are some questions that may help guide your decision-making process, and provoke thoughts about the sorts of intimate relationships you feel most comfortable about.

These are complex questions and will take time and energy to answer. Your answers may change with experience, but careful consideration now will help you clarify your values and expectations and make healthy decisions in the future. These questions apply whether you're contemplating sex for the first time or the thirtieth.

- How much emotional commitment do you feel should go along with sexual intercourse?
- How much honesty and loyalty do you want from your partner or how do you feel about a non-monogamous relationship?
- What does love mean to you? How much of it consists of physical attraction, how much of friendship?
- How openly are you able to communicate with your partner/s about your own feelings and desires?
- If you are in a heterosexual relationship: Are you both able to talk about birth control? Who will take responsibility for it?
- Do you have religious or moral beliefs that need to be considered?
- Are you being pressured into a sexual encounter by your partner?
- Do you know where to obtain and how to use birth control if you so choose?
- Do you know how to prevent AIDS and other STDs?

I wanted to have sex, I was curious, especially because most of my friends were talking about it. I didn't give any attention to the consequences. I had a serious boyfriend of 3 months who was also a virgin. The fact that we were both inexperienced caused it to be uncomfortable, painful and very awkward. I realize now that for me sex at the age of 16 was too soon because I was not emotionally equipped to handle it.

Engineering '90

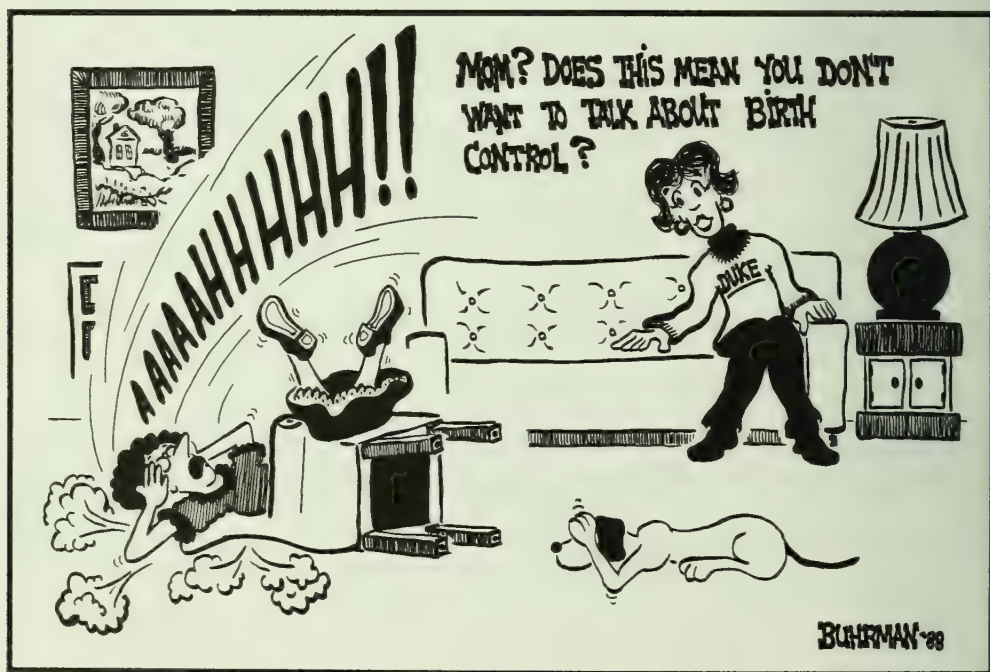
It took a long time before I felt like I was ready to have sex — twenty-one years in fact. I had had other opportunities, but it just didn't seem right then. I had been very close friends with my partner for several months before we decided to have sex. We had spent the night together a few times. One morning we sat around in bed until the early afternoon just talking. My partner asked me if I wanted to make love. Everything felt right so we decided to go ahead. The funny thing is that we didn't end up having intercourse that time. Although he had had an erection the whole morning, he lost it right before we got started. We laughed a lot about that.

A few days later we tried again. Just as I took his penis inside of me, I felt a sharp pain. I was so surprised that I yelled out "Stop!" and then he lost the erection again.

The next time around things went much more smoothly. As my partner and I have grown together, our love-making has become better and better (it's been over a year now). However, as awkward as our first few tries may sound, they really weren't bad at all. Our sexual relationship worked out because we were relaxed. I think people should keep their sense of humor about sex — we shouldn't treat it with such solemnity.

More than anything, though, I would say that you shouldn't be having sex with someone unless you are completely comfortable talking about it with them first. After all, what is sex but another form of communication?

Trinity '88



Unplanned Pregnancy

Early Signs of Pregnancy

Menstrual periods, especially in college-aged women, are often late or missed due to factors other than pregnancy such as a change in eating patterns, stress, rigorous exercise, travel or certain illnesses. Listed below are signs which may suggest pregnancy:

- missed period
- breast tenderness and swelling
- queasiness or nausea including vomiting
- frequent urination
- slightly elevated body temperature (99°-100° F)
- mood swings
- weight gain

Most women begin to have pregnancy symptoms 2 or 3 weeks after conception, that is, the week after a period would normally start. The symptoms above are not definite indicators of pregnancy, nor does the lack of them indicate no pregnancy. If there is a possibility of pregnancy and you have missed a period, it is best to be tested.

Pregnancy Testing

If your period is about two weeks late, or you are exhibiting some of the signs of pregnancy, you have two choices. You can initially take a home pregnancy test, or you can go directly to Student Health for a free, confidential pregnancy test.

About Home Pregnancy Tests: Keep in mind that home pregnancy tests are less accurate than urine tests done in a clinic. The results from these tests are not reliable, but using them initially may be beneficial in that they allow women to think about the implications of a positive or negative test result in the privacy of their own homes. Home tests permit a sense of control over the situation which can be psychologically helpful to those who want to ease themselves into accepting a possible pregnancy. The major disadvantage of these tests is that you may be lulled into a false sense of security by a negative result and may lose decision-making time if you are in fact pregnant.

About Pregnancy Tests at Student Health: A urine test at Pickens is covered under your student health fee and can determine, fairly quickly and accurately, whether a pregnancy exists when a period is within 7 to 10 days late. You do not have to make an appointment to have a pregnancy test performed. You can

go directly to medical records, pick up your chart, and ask to see a nurse. The test is done quickly, and results are available in thirty minutes. Immediately following is a discussion of the results with a nurse or female health educator. Women who have been through this process report that it is done in a very supportive, non-judgmental manner.

Keep in mind that urine pregnancy tests are not 100% accurate. To increase the probability that the test is as accurate as possible (and this goes for home pregnancy tests as well), follow these general guidelines:

- Have the test done 7-10 days after your period was due, at the *earliest*.
- Make sure the test is performed on urine when it is most concentrated. Early morning urine should be used.
- Use only fresh urine.
- Use a fresh and uncontaminated container in which to place the urine.
- Don't use alcohol or drugs (even large amounts of aspirin) the day before and the day of the test.
- If doing a home pregnancy test, make sure to follow the directions exactly.

Most tests are designed to detect human chorionic gonadotropin (HCG) which is a hormone formed when a fertilized egg is implanted in the uterus. HCG levels drop below detectable levels a few months after conception. **NOTE:** It is *extremely* important to get accurate tests done as soon as possible, because, when faced with an unwanted pregnancy, you will need as much time as possible to make a decision.

If the Test Is Negative: This is a good time for you to reexamine your method or methods of birth control. Are you secure in the means you are using to protect yourself? Should you and/or your partner change your methods of contraception? You can (they ask that you do) talk to a female health educator at Pickens concerning these issues after the test (no matter what the result is). She can answer questions, offer suggestions about different contraceptives, and discuss emotional reactions to the experience which you might want to share. Because the pregnancy test is not 100% accurate, you may want to have a second one done several days later. Watch for pregnancy signs and a late period.

If the Test Is Positive: Knowing that you are pregnant can be traumatic. Some women are shocked and numbed emotionally after they receive the news. Others are overwhelmed by battling feelings of anxiety, depression, anger, guilt, doubt, and pleasure. It is not unusual for a woman to be extremely angry that her supposedly reliable birth control method has failed her. Some women may also be angry with themselves and/or with their partners for either not using birth control effectively or at all. If the conception occurred when she had sexual intercourse against her better judgement, she may now feel guilt and regret.

Some women think that their pregnancy is a punishment for sinful and immoral conduct on their part.

Yet along with these negative feelings some women also experience a host of positive and pleasurable feelings when they learn that they are pregnant. If they have deep feelings for the fathers of their children, these positive feelings are enhanced. For most women, being pregnant means that their bodies have worked and that they have within them a new life—a new person separate from them yet an extension of themselves. These feelings can create a lot of ambivalence which can be difficult to cope with.

Choosing what course to take is difficult. One thing to remember is: never rush into a decision. Take as much time as you possibly can to explore your options. If you have detected your pregnancy well within the first trimester, a few more days will not make an abortion more dangerous, should you choose that option. The extra time will allow you to feel secure in the path you have chosen. The more comfortable you are with your decision, the less likely you are to suffer from emotional and psychological complications in the future.

Try to go through your decision-making process with a sensitive, yet impartial individual who will listen to your feelings and concerns non-judgementally and who will provide you with emotional support. A lover, boyfriend or friends may want to pressure you into complying with what they think is right. Also, you may not want to jeopardize your privacy in this kind of situation. Letting someone else pressure you into making a decision may seem convenient at the time, but you may suffer for it afterwards.

It is important to face how you are feeling and what *you* think about the pregnancy. Help is available in deciding what to do. Although abortion clinics often provide counseling, CAPS suggests that you seek additional support from other sources as well. Upon request, Student Health will provide a female health educator to discuss your feelings, your alternatives and the resources available to you. CAPS (684-5100) and PISCES (684-2618) counselors also offer support in such a decision making process.

Basic Questions and Considerations

Faced with an unplanned pregnancy, a woman's options include: carrying the pregnancy to term and keeping the child as a single parent, marrying the father and having the child, carrying the pregnancy to term and giving the child up for adoption, or having an abortion. While deciding on a course of action, other questions often come into play.

Should I tell a good friend or friends? A lot of women do confide in close female friends. A friend who is really supportive and understanding can be a great source of strength to a woman faced with an unwanted pregnancy. This person can also accompany her friend to the doctor's office or to an abortion clinic and can protect the interests of her friend should that become necessary.

Should I tell my partner about the pregnancy? Should he have a say in my decision? How does this new situation change our relationship? Frequently relationships with lovers or boyfriends will change once a pregnancy occurs, even if you decide not to tell him. A common complaint from women in this situation is that the man involved was not supportive and sensitive enough. Some women express anger and frustration with the fact that some men will never really understand what women have experienced even if the men have tried to be supportive. Men sometimes accompany women to abortion clinics. This support can be comforting for some women.

Should I inform my parents or just one parent? You should assess the closeness and strength of your relationships with your parents before making this decision. If you told your parents, they could be a source of financial and emotional support. If you decide to carry the pregnancy to term, you will eventually have to tell them. On the other hand, they can also be another source of stress and pressure. A lot of women simply decide to tell their loved ones and/or close friends about their pregnancy after they have made a firm decision so that they won't be swayed.

Do I have certain religious beliefs and a value system which won't allow me to be comfortable with a choice I must make? If your beliefs do not allow you to consider abortion whatsoever, then you must consider choose the other options available to you.

How can I pay for an abortion or support myself and my child during and after pregnancy? How will parenthood affect my education and future earning power? The economic issues are very important in this situation.

One source of economic relief is the ASDU Student Loan Fund which is administered by Jan Kaufman, a health educator at Student Health. *The fund allows any woman to borrow up to \$300 to have an abortion or up to \$1000 if she opts to carry the child to term. These no-interest loans are available to any Duke undergraduate facing an unwanted pregnancy.* The loan must be paid back within nine months according to a firm schedule.

Counseling

Counseling before you make a final decision is recommended. You have three

options as you face an unplanned pregnancy: continue the pregnancy and assume parenthood of the child, continue the pregnancy and put the child up for adoption, or terminate the pregnancy. Duke women have exercised all these options. The decision-making process is pressured by time constraints and is intimately related to major, life-changing issues that most people find difficult to assess in such a short period of time. Counseling is often beneficial. The goal of counseling is to clarify feelings about your pregnancy and come to a decision.

CAPS is an excellent place for a pregnant woman to begin her search for counseling. The counselors there believe that talking to someone before making a decision about an unplanned pregnancy helps to avoid or lessen negative psychological and emotional reactions. Unfortunately, at present CAPS sees more women after abortions than before. CAPS also provides partner counseling. Contact CAPS at 684-5100.

Carrying a Pregnancy to Term

If you decide to carry your pregnancy to term, it is important to see a physician within the first three months after conception and arrange for pre-natal care. A decision to continue a pregnancy, and have the child adopted should be made well in advance so that the necessary arrangements can be made. It is always possible to change your mind once the baby is born, but it is not advisable. Before taking this important step, you should be aware of the possible psychological effects of parting with the child.

In future years, we hope *The Duke Women's Handbook* will have more information on what it is like to be a parent while still attending University. Due to limited time and access, further information on what it is like to carry a pregnancy to term, motherhood, child care, etc. is not presented here. Listed below are places which provide pregnancy counseling and other services geared toward supporting women who want to carry their unplanned pregnancies to term

- The Children's Home Society of North Carolina. The Society provides testing and counseling on all alternatives, however the Home acts primarily as an adoption agency, referring women to maternity homes and doctors in the area. Greensboro: 1-800-632-1400. Raleigh: 872-1848.

- Durham County Department of Social Services: The Home Finding Unit will work with women who are considering adoption. Call 683-3550 and ask for a social worker on call.

- Florence Crittenton. This is a home in Charlotte which offers medical care, counseling and education to pregnant women and new mothers. It is

designed to be a neutral community, providing support for women who do not want to stay in school (primarily high school) nor return to their home community. Call 704-372-4663.

- **Pregnancy Support Services (PSS).** PSS is a Christian pro-life service, however their stated policy is to provide information regarding all options. The majority of women who have gone there for testing and counseling from Duke have felt pressured to continue their pregnancies. For those women who share the same views, they have found PSS very supportive.

Terminating a Pregnancy: Abortion

Student Health (or Pickens) does not perform abortions. They do, however, refer Duke students to various community clinics and physicians who do perform abortions. Abortions are now legal throughout the United States, and a minor seeking an abortion in this state does not need parental permission nor does she even need to notify them.

Each place in the following list offers different procedures, types of abortions, and prices. Some clinics only offer first trimester abortions (up to 12 weeks after the last regular menstrual period or LMP), and others also offer second trimester abortions (from 16 up to around 24 weeks LMP). In some clinics, an OB/GYN carries out the abortions and in others trained practitioners specializing in abortions will perform the procedure. Also various degrees of analgesic medication and anesthesia are used at different clinics.

Make sure you ask as many questions as you need to satisfy your concerns. Make sure you feel comfortable with the manner in which you are treated by the staff. Talk to women who have had abortions at the locations you are considering. Call the clinics, and, if possible, visit them before making a final decision as to which one is right for you. You have a right to be treated sensitively and supportively. Don't allow your experience in the clinic to be any more unpleasant than it has to be. Bring a friend or relative with you; you may even want to have someone in the treatment room with you if the clinic allows this. Besides providing moral support, they can take you home since you will probably be groggy from the effects of the medications given to you during the abortion.

Some health care providers have preconceived notions about women who need to have abortions. They might think that these women are irresponsible about birth control or that they sleep around. This stereotyping is invalid. Many women may need to have an abortion at some point in their lives whether they are married or single, black or white, rich or poor. *Local clinics and sources of*

further information are listed at the end of this chapter.

Different Abortion Procedures

Most good clinics carry out a brief physical exam of the patient determining vital signs and will also conduct hematocrit, blood Rh type, and/or urinalysis testing. They will also perform another pregnancy test to confirm that the patient is in fact pregnant. Before the procedure, the Triangle Women's Health Center also conducts a contraceptive informational workshop. Then the patient is given an anti-anxiety drug such as Valium intravenously. An analgesic such as Motrin is usually administered (in tablet form) and a local anesthetic such as Xylocaine is injected around the outside of the cervix.

The most common methods for first trimester abortions usually involve the dilation of the cervix through the use of metal rods and the suction evacuation (Vacuum Aspiration) and/or scraping of the inner walls (Dilation and Curettage) of the uterus. The most common method of abortion currently in use combines the aspiration or suction of the uterine contents (through narrow, flexible plastic tubes and a suction pump) with the technique of scraping the uterine walls with a long, thin instrument with a metal loop on the end (called a curette). During the scraping and suctioning sections of the procedure, you may feel cramps equal or slightly greater than your worst menstrual cramps. If at any part of the procedure the pain or cramps become unbearable, you should inform your health care providers so they can stop and let you recover. After the procedure has been completed, you will be aided to a recovery area. You are observed for two hours for unusual bleeding and then released to the care of a friend.

During the second trimester, abortion methods usually involve the injection of a saline or prostaglandin solution into the amniotic sac. These fluids in the amniotic sac cause the uterus to start contracting and to expel the fetus.

How to Take Care of Yourself Afterwards

I had no way out. I was a freshman coming to school for the first time. For me there was no other choice except abortion. I had no one to turn to. I had to deal with the humiliation for the whole experience by myself. I had to trust complete strangers to help me. I was so scared. I didn't know anything about the process. They made me sign a release form to relieve them of responsibility for the possible complications of the abortion. The seriousness of these complications made me fear for my life when in fact the occurrence of them is very rare.

Rest after the procedure for a day or two if possible. You should not do any heavy

lifting or strenuous exercise for about a week. You will probably have some bleeding for a week or two after the procedure. The bleeding should not be heavier than your heaviest menstrual flow at any time. Your menstrual flow probably won't be normal, and you may pass clots. If you experience very heavy bleeding, it could mean that your uterine wall or cervix was perforated or torn accidentally during the procedure.

Take your temperature regularly for the next week and take the antibiotics prescribed to you exactly as ordered. Do not have sexual intercourse, and do not take baths, douche, or use tampons for two weeks. If you have any signs of fever, call the clinic. If you have cramps, use aspirin and other analgesics to relieve the pain. Hot compresses, massages, or a heating pad may also help. If the cramps become severe, contact the clinic. Mild nausea and vomiting are not uncommon after this procedure. Symptoms resembling "morning sickness" should disappear within a week. If they do not, contact the clinic.

You will want to make plans to use a reliable form of contraception as soon as possible. Pills should be started the first Sunday following the procedure. You may want to pick up diaphragms and condoms (usually free) when you go in for your two-week, follow-up appointment. You will also have a pregnancy test and physical exam during that time. This follow-up exam is usually included in the price of the abortion procedure. Make your sexual partners use condoms for a month after the procedure even if you are protected by another contraceptive device or by pills, and take your antibiotics until they run out. These two precautions will continue to protect you from the risk of infection.

NOTE: Complications such as infections and hemorrhaging, are very rare. In fact, the risk of complications occurring for an evacuation type abortion done early in the first trimester is about equal to that of a tonsilectomy. Jan Kaufman in Student Health knows of no Duke woman who has had an abortion who has suffered from these complications.

Possible Psychological Complications

Many women who have had abortions have had to deal with some residual psychological after-effects. Some women feel depressed or down, achey and crampy, and generally unwell. A component of these feelings is, of course, the physical trauma their bodies have experienced. Another component is a general sense of unease and guilt for having destroyed a possible child. Some women may fear that they will not be able to have children after having an abortion.

Sometimes there is an unconscious desire in women to prove to herself that she is still fertile, and this can lead to a second unplanned pregnancy. It is therefore

important to start on a regular program of reliable contraception. Some women may not even feel like they want to have sex for a while following the procedure. They may feel disgusted or repulsed by sex because they associate it with their experience of having an abortion. It is important to be patient with yourself and that your partner be patient and understanding of what you are feeling. You must let your body and mind heal, and in time you will learn to deal with your experience of having been pregnant and choosing abortion as the best alternative for yourself.

Many women tend to bury deeper feelings concerning what they are experiencing. Later, sometimes much later, these repressed feelings are triggered by something they see or feel, and they are released. For example, some women have broken out in tears simply by seeing a diaper ad on television or by seeing a little baby or a toddler walking in the park with its mother. Women have experienced residual fits of depression six months, nine months, or a year (the anniversary reaction) after the date when they had the abortion or when the fetus had been conceived. A lot of these women didn't even know the reason for their depressions. You are not alone in your feelings of depression after an abortion. One way of resolving the feelings which cause depression is by talking about the abortion with a trusted friend or with a professional counselor.

For further information on abortion and abortion clinics:

All clinics listed below with unspecified limits only perform abortions for first trimester pregnancies. Usually local anesthesia is used to numb the cervix and analgesics (pain-killers) are given for cramps. Prices range from \$185-250 for first trimester abortions at most clinics. Most clinics will expect to be paid in cash when the patient comes in for the abortion.

- Student Health (Pickens). Call 684-6721.
- Planned Parenthood of Orange County. Kroger Plaza, 93 Elliot Road, P.O.Box 3258, Chapel Hill, NC 27514. Call 942-7762 or 732-6161. Ask for Karen Price, Educational Director.
- Raleigh Women's Health Center/Abortion Clinic. 917 W. Morgan, Raleigh. Call 832-0535. Students have been very happy with this clinic in the past. Health educator Jan Kaufman refers students to this clinic more than any other. This clinic seems to have a very supportive and understanding staff. Call 1-800-532-5384.
- Triangle Women's Center (Dr. Brenner's Office). 109 Conner Drive, Chapel Hill. Call 489-1386 or 942-0011.

- Central Medical OB/GYN (Dr. Yowell)- under 7 weeks only. 209 N.Duke St., Central Medical Park, Suite 204. Call 471-7911.
- Dr. Dingfelder, Chapel Hill, private physician. Call 942-4100.
- Oxford Women's Clinic and Surgicenter (1st & 2nd Trimesters). Students generally have not been happy with this clinic. In Durham: 477-7911. In Oxford: 693-2131.
- Women's Pavilion (1st and 2nd Trimester Abortions) Durham Office: 682-9363. In Greensboro: 273-3771.
- Duke Medical Center Women's Clinic, 684-5743. Abortions services up to 20 weeks LPM. They use general anesthesia for all cases so costs are much higher—around \$1,000 and up. Also risks are higher—those associated with general anesthesia vs. mild local anesthesia which is the only thing necessary for early first trimester abortion. For an appointment call Sharon Rupp (beeper 6023) or Cyndi Umpstede (beeper-1661).

Notes:

Several of the questions regarding decision making about sex are reprinted from "Sexual Relationships," a pamphlet prepared by Student Health Services, the University of Arizona, and the Stanford University Woman's Guide.

Violence Against Women

7

We include a range of crimes in this section — sexual harassment, gender harassment, and rape — because all these crimes limit the physical, psychological, and academic space women occupy free of anxiety, fear and intimidation. Either directly as victims or indirectly as avoiders of victimization, these crimes affect our daily routines. Even if you are never raped, the threat of sexual violence can limit the physical freedom you enjoy your entire life...you miss the solitude of late evening walks...

The dilemma we face is not easy to resolve. Some women make a point not to walk alone, to avoid fraternity benches during rush, to lock bathroom doors in dorms, as well as car and bedroom doors. While these actions can protect us, they also limit the physical space in which we live and act. This does not happen to our male peers in the same way.

The solution is not to lock ourselves away or ask men to hold our hands and walk with us. Rather self defense classes, reasonable caution, and acting to change the culture and society which ultimately condone rape and harassment are more empowering ways to protect ourselves. Discuss these issues with professors, friends, observe your classes... speak out.

Sexual Harassment

Sexual harassment is primarily an issue of power in that the harasser abuses power and asserts dominance by introducing a personal element into what should be a sex-neutral situation. It may be verbal, such as sexist remarks or jokes, casual comments or sexual propositions, suggestive or insulting sounds, or overt threats. Sexual harassment in the classroom may involve offensive or pornographic visual displays, demeaning, gender-specific criticisms, or actual physical touching, assault or rape. Sexual harassment happens on every campus in the United States, it happens at Duke, and it happens to both sexes, although it is primarily directed against women.

At Duke, sexual harassment occurs when . .

a professor:

- makes comments that divert attention from a student's work to her physical attributes.
- stares, leers, ogles.
- touches a student excessively.
- makes sexual advances.
- solicits sexual activity by promise of reward or
- threat of punishment, particularly in connection with grades.
- commits sexual assault or rape.

a male student[s]:

- treats female students as sexual entities or potential dates (in the classroom) rather than academic peers.
- focuses attention on women as sex objects by making demeaning sexual jokes.
- commits sexual assault or rape.

Effects of Sexual Harassment in the Classroom

Regardless of its form—overt physical conduct or subtle verbal innuendo—sexual harassment has very serious and adverse effects. It can destroy a sex-neutral student-teacher or student-student relationship, confuse the student about her academic status and ability, and obscure or deny proper academic recognition. It disrupts a healthy scholarly environment, and it robs students of the very educational experience in which they are investing significant time and money. In short, sexual harassment in the classroom is annoying, degrading, abusive, and academically and psychologically damaging. And sexual harassment is illegal.

Title IX of the Education Amendments of 1972 prohibits sexual harassment of students.

Some male teachers may be so cautious or concerned about the possible implications of a friendship with their female students that the women are shut out from the friend/teacher relationships that provide an invaluable learning experience for male students. The result is that female students are afforded less academic opportunities than their male peers, and fewer opportunities to obtain good job recommendations.

Whether we are confronted with overt sexual propositions or are left alone because of the potential for them, as female students we face unique obstacles in our pursuit of educational and professional goals. Sexual harassment is not, of course, solely a women's issue. Women and men—students and administrators—everyone suffers under a system that fails to address the problem or to provide legal recourse.

Duke's Official Definition of Sexual Harassment

The Duke Policy regarding sexual harassment of students reads :

Sexual harassment of students in an academic environment is understood to be the intentional misuse of authority by a faculty member or an administrator by conduct focusing on the sexuality of a student in the academic context.

Sexual harassment can take a variety of forms, from verbal suggestion or innuendo and repeated physical overtures to requests for sexual relationships accompanied by implied or overt threats or inducements concerning a student's grades, recommendations, academic progress, or professional standing.

Sexual harassment may be egregious or less serious. Regardless of degree, it abuses academic relationships and has no place in the university. The procedures followed at Duke University are designed to provide a forum for informal exploration and resolution, mediation, counseling, fact-finding for determining probable cause as well as for the imposition of appropriate sanctions. Sexual harassment may rise to the level of misconduct justifying dismissal.

NOTE: Copies of both the student and the employee policies may be obtained from the Women's Studies Program Office (207 East Duke Building: 684-5683). You may obtain further information about sexual harassment from a reference packet available at the Reference Desk and Public Documents in Perkins.

What we can do to combat Sexual Harassment

There are four progressive steps to take when you are confronted with sexual harassment:

1. Talk to the professor or staff person. Carefully and explicitly explain why you consider the particular comment, joke, course material, or behavior as sexist and offensive. Often people are unaware of the effect their casual remarks have on others, and highlighting the potentially offensive nature of their words or actions is instrumental in preventing such action in the future.

Prepare ahead of time for the meeting with documentation (e.g. class notes, tapes, specific comments that have been made). Sometimes people don't understand the seriousness of sexist remarks. It might be helpful to draw the analogy of racist or anti-ethnic remarks—"Would you make fun of a person's skin color or ethnic background? Then why do so with sex?" You may wish to approach your professor with other concerned students or through a mediator.

2. Contact members of the Committee on Sexual Harassment.

Members of the Duke University Committee on Sexual Harassment are available to discuss any incident with you that you perceive as sexual harassment. Confidentiality is assured. You will not be required to file an official complaint unless you choose to do so.

Contact: Katherine Bartlett (chair)	232 Law, 684-6946
Margaret Bates (ex-officio)	212 Allen, 684-5830
William Chafe	08 West Duke, 684-5267
Judith Ruderman	Bishop House, 684-6259

In addition, you can contact:

CAPS:	Elinor Roy-Williams	684-5100
The Divinity School:	Dr. Paula Gilbert	684-2603
Medical School:	Dr. Lois A. Pounds	684-2498
Minority Affairs:	Dr. Caroline Lattimore	684-6756
Student Life:	Dean Sue Wasioliek	684-6488

3. Write a letter to the offender citing the incidents and explaining their offensive nature. Letter writing puts you in control of the situation and enables you to channel your frustration toward correcting the harassment. It gives you time to plan exactly what to say and provides the harasser with a new perspective of his or her behavior. Many women at universities across the country find this an extremely effective method of dealing with harassment. The Project on the Status and Education of Women suggests the following three-part format for letters:

Part I. State the facts of what has happened, without evaluation, as you perceive

them. This should be as detailed and specific as possible, including dates, places, and a description of the incident(s):

- “On September 29, 1986, when I met you for a conference about my thesis, you invited me to your apartment and said it would ‘help’ my grades.”

Part II. State how you feel about the events described in part I such as fear, dismay, distrust, or lack of concentration, and include your opinion about what has happened:

- “I am embarrassed and uncomfortable when I see you.”
- “You have made me think seriously about transferring departments.”

Part III. State what you want to happen next. This part may be very brief because most women simply want the behavior to stop:

- “I want our relationship to be purely professional from now on.”
- “I don’t want you ever to touch me again or make remarks about my sexuality.”

Deliver the letter in person—you may wish a friend or colleague to accompany you—or send it by registered mail. *Keep a copy of the letter for your own files.* If the letter fails to achieve its purpose—although letters have proved very successful in stopping harassment—your copy may be used to support a formal complaint or lawsuit.

If the harasser fails to rectify the offensive behavior and the harassment continues, you are urged to contact the Committee on Sexual Harassment and to file formal charges.

4. File a formal grievance or complaint. Contact the Committee on Sexual Harassment or CAPS (684-5100), and they will guide you through the process of filing charges. Meeting with a committee member does not require you to file charges, but it will enable you to define the nature of the offensive behavior and how to rectify it.

Why are women often reluctant to talk about sexual harassment?

In the past, when women have spoken out, they often have been ignored, discredited, or accused of misunderstanding a professor or superior’s intentions. Fearing these kinds of repercussions, many women remain silent about sexual harassment. Unfortunately, many university officials believe that the absence of complaints indicates the absence of a problem.

Like rape, sexual harassment has been a hidden problem, treated as a joke, or blamed on the victim herself. Because of the long history of silence or

misinformation about sexual harassment, many of us feel uncomfortable, embarrassed or ashamed to talk about personal experiences with harassment. We might fear it will reflect badly on our character, damage our grades or position at work, or that we will be blamed for somehow inviting the propositions.

The most critical advice many past victim's of sexual harassment give other women is: TRUST YOURSELF. If you feel you have been harassed, you probably have been. If friends or professors do not sympathize with you sense of injustice and abuse, it can be disconcerting. If this happens, find those people who will support you. Contact the people at the Women's Center, talk to people living in the Women's Studies Dorm ... remember to trust your instincts and speak out!

Gender Harassment

Closely related to and no less damaging than sexual harassment is gender harassment — discrimination that evaluates women on the basis of gender stereotypes.

Gender harassment stems from outdated and ill-founded male-defined beliefs and ideas — such as 'women are more emotional', 'women are physically and/or intellectually inferior/different to men'. Any beliefs that stereotype women as inferior or inherently different due to their sex can cause gender harassment. Such stereotypes contribute to sex discrimination in society as a whole, with particular effects in our academic environment. Gender harassment does not usually involve direct sexual or physical propositions or advances but rather focuses on one's intellectual or occupational capabilities or motivations. Like sexual harassment, it is psychologically and emotionally damaging.

In our academic community, gender harassment restricts normal scholastic routine and prevents a student from benefitting fully from supposedly equal educational opportunities. It shades the evaluation and acknowledgment of our academic achievements and creates feelings of insecurity. As a result, female students may begin to see classroom participation as less attractive and more difficult. Gender harassment wastes our energies in conflict, frustration, and self-doubt.

Gender harassment is illegal according to the 1972 Educational Amendments. As for Duke University, there is no official policy on gender harassment. We recommend addressing complaints to the Sexual Harassment Committee or your dean.



Gender harassment of women consists of:

- Derogatory comments about women in general, about their intellectual abilities, or about their scholastic commitment. ("What's going on in that pretty little head of yours?", etc.)
- Unequal classifications: males as "men"; females as "girls". (Recently overheard at a Brown University history final, "This exam will separate the men from the girls.")
- Sexist humor employed "to liven" classroom atmosphere.
- Examples that reinforce stereotypical ideas about women.

Differential treatment of men and women in class:

- Calling more often on male students.
- Allowing men more time to formulate answers during discussion.
- Interrupting or ignoring women.
- Responding more thoroughly to male students' questions and comments.
- Creating a classroom atmosphere that encourages male participation while discouraging female participation.

Examples of Gender Harassment at Duke:

- A female student earns the highest grade on an engineering exam. The professor announces to his mostly male class this unusual

achievement "for a woman" and makes fun of the men for allowing a woman to beat them. Similar scenes are often reported during ROTC physical training.

- A group of first year women walking past a fraternity bench are subjected to catcalls and numerical rating cards.
- A female jogger is followed by a car full of male students, commenting on her physical appearance and swerving toward the curb to frighten her.
- A professor poses a question to his seminar. When "Jane" responds he says nothing; but when "John" paraphrases her answer he replies, "Exactly! That's what I was looking for."
- A woman who frequents the campus Nautilus facility is continually offered guidance or is "bumped" from a line while waiting for a machine. She is told, "You don't need to use this one, hon. It'll build you up. Why don't you make room for the real athletes?"

What we can do to combat gender harassment:

Gender harassment is even more pervasive than sexual harassment; it is often more subtle or accepted and therefore it can be more difficult to combat.

To stop harassment:

- Talk to other class members to see if they agree the harassment exists
- Help change the classroom atmosphere yourself by giving credit to women's comments
- Speak out when a professor makes a gender-based or stereotypical comment. A firm, polite remark like, "I do not find that joke funny at all. It is offensive and degrading, and I think your students deserve an apology," will make your point to the instructor and the rest of the class as well.
- Discuss classroom behavior with your professors
- Talk to your dean or department head about specific complaints or recurring gender discrimination
- Fill out student evaluations candidly and include specific examples of an instructor's comments.

Women can effectively combat gender harassment by informing offenders. Bring cases of continued gender harassment to the attention of the University Sexual Harassment Committee or talk to someone at the Women's Center.

RAPE AND SEXUAL ASSAULT:

What is rape?

Each state has its own definition of rape and its own laws regarding enforcement. North Carolina State Law defines rape as "vaginal intercourse with another person by force and against that person's will, often using a dangerous weapon or inflicting serious personal injury..." It says nothing about her previous relationship to him—masked stranger, steady boyfriend, a man who forcibly penetrates a woman without her consent is committing rape.

Unfortunately, many male college students, juries, and women still believe criminal rape is only rape by a stranger. Whether a woman is raped by a stranger or by someone she knows, it is still rape. Both are frightening, degrading, and illegal. The emotional and psychological damage of "date" rape, however, is often more severe because women seldom expect or report such rapes, and often fail to receive necessary medical or psychological assistance.

Excerpt from "Rape Poem" by Marge Piercy.

There's no difference between being raped
and being pushed down a flight of cement steps
except that the wounds also bleed inside.

There's no difference between being raped
and being run over by a truck
except that afterward men ask if you enjoyed it.

There's no difference between being raped
and being bit on the ankle by a rattlesnake
except that people ask you if your skirt was short
and why you were out alone anyhow.

There's no difference between being raped
and going head first through a windshield
except that afterward you are afraid
not of cars
but half the human race.

Fear of rape is a cold wind blowing
all of the time on a woman's hunched back.
Never to stroll alone on a sand road through pine woods,
never to climb a trail across a bald
without that aluminum in the mouth
when I see a man climbing towards me.

Never to open the door to a knock
without that razor just grazing the throat.
The fear of the dark side of hedges,
the back seat of the car, the empty house
rattling keys like a snake's warning.
The fear of the smiling man
in whose pocket is a knife.
The fear of the serious man
in whose fist is locked hatred.

— *Living in the Open*, New York, 1976.

Common Rape Myths

Often sexual assault by acquaintances is not identified as criminal because of the myths that have been constructed about why rape is committed. Perhaps the most important thing to remember is that rape is an act of violence, motivated by a desire for power, rather than sexual desire. Like the “she teased him into it” response, other rape myths include:

- “She was asking for it in the way she dressed or the way she talked; she was drunk.”
- “Subconsciously rape is every woman’s fantasy.”
- “No woman can be raped completely against her will.”
- “If you are going to be raped, you might as well relax and enjoy it.”

Examined closely, these statements make as much sense as saying a driver whose new sportscar has been stolen was “asking for it” because the car was flashy and therefore tempting to auto thieves; that she secretly wanted it to be stolen and did not do enough to prevent the theft; and that she should just lie back and accept the crime as an inevitable consequence of affluence. Finally, if the car was stolen by a friend or acquaintance, then it wasn’t really a crime at all. The owner must be lying because she is mad or embarrassed.

Rape: How Often Does it Happen?

The FBI estimates that one woman in every four will be sexually assaulted or raped in her lifetime. One woman in four—25% of all women. Every three seconds an American woman gets raped. In fact, in the time it took you to read this paragraph, another seven or eight women have been assaulted.

We might expect that the statistics for rape are different at places such as Duke. It is hard to believe that peers — people we study with in the classroom, people we know are bright and intelligent — commit sexually violent crimes. Unfortunately, they do. Preliminary results of a Ms. survey involving 35 universities and more than 7,000 male and female students revealed:

- one quarter of college women today have been victims of rape or attempted rape
- almost 90% of these women knew their assailants
- one in every 12 men admitted to having fulfilled the prevailing definition of rape or attempted rape (i.e. forced intercourse with his partner) yet virtually none of those men identified themselves as rapists.
- of the women who were raped, 75% did not classify their experience

as rape.

- almost half (47%) of the rapes were by casual dates, or by romantic acquaintances.
- the average age of victims when rape occurred was 18; three quarters of victims were between ages 15 and 21.
- more than a third of the women did not discuss their experience with anyone. More than 90% did not tell the police.

In a survey done at Duke, out of 542 respondents, 13% reported actual or attempted sexual assault. Of those assault victims, 66% told someone of the crime, but only 18% reported the assault to the police. Eight of the eleven assaults reported to have taken place indoors occurred in dorms. Five out of the eight assaults occurring in dorms were in first-year dorms. This corresponds with national statistics that show women are most likely to be raped between the ages of 18 and 19. Of the assaults reported outdoors, locations included dorm parking lots, the East Campus wall, the Duke Gardens, and the main quads of both East and West Campuses.

SELF-TEST: WHAT DO YOU KNOW ABOUT RAPE?

Do you—and your peers—tend to agree or disagree with the following statements?

1. Rapes usually take place outside on dark streets or alleys, etc.
2. The majority of rapes that occur are interracial—black men attacking white women.
3. Comparatively few rapes occur because of a woman's provocative behavior (dress, flirtation, language, etc.).
4. Rapists are motivated by sexual desire and frustration.
5. Rape is not usually an impulsive act, but a planned attack.
6. The rapist tends to be a sexually unfulfilled man.
7. A man can't really force himself on a woman if she doesn't want him to.
8. A woman can't be "raped" by someone she knows well.

Acquaintance Rape

If the women at Duke had written a Handbook in 1968, they would not have had much information on date/acquaintance rape — not because it was not happening but because women did not speak out about it. It is now 'coming out of the closet'. As women have become more assertive, they have spoken out.

One woman recounted her attack to Laura Trivers of *The Chronicle*:

I met the guy last November. I didn't really know him. We met at kegs. He knew some of my friends, and I knew some of his fraternity brothers. He asked me to his semi-formal.

He and a friend came by to pick me up. Both had been drinking. We went by a liquor store and bought whisky and then went to his off-campus house and talked for about 15 minutes.

Following the semi-formal, we took a cab back to his house. I had been drinking a lot. He made a pass at me in the living room. We were both so drunk, too tired to do anything. I fell asleep upstairs, dressed.

The next morning I woke up and he was sitting on top of me. I wasn't feeling very good and had a headache. I felt stupid and uneasy about being there. He started trying to kiss me and undress me. I got out from under him but fell down the stairs trying to get away. He forced me back up the stairs. I was crying the whole time, but he didn't stop or leave me alone. For 45 minutes he wouldn't let me go, the first time, the second.

And then some of his friends came by and they dropped me off at the Bryan Center. I just wanted to get home.

I didn't think about it, felt horrible but tried not to think about it. It was too shocking. I just went home to sleep.

He called a few times, but I never talked to him. My roommates told him I wasn't home. I started acting weird. I didn't go to class, stayed in the room and slept a lot.

I talked to my dean, he wanted me to file a report but I didn't want everyone to know about it.

After a while, I decided to talk to him about it so he would no longer be in control. He said he was sorry he forced the issue and felt he had to do it because the way a lot of girls are on this campus: you take them out, they are nice to you at the time but then completely ignore you.

I run into him sometimes, he says hello so I say hello back. That's it. Funny thing is he is not a bad person. He just showed really bad judgement.

If a women says 'no' (and it doesn't matter when she says it) it should be no.

I realize a lot of people will think I got what I deserved, but I had no reason to believe that was going to happen.

Rapes such as this one go largely unreported at Duke. It is important to report these crimes — after all, wouldn't you report an incident where you were beaten by a stranger who stole your book bag? Nevertheless, if you or any of your friends do not want to report the crime it remains critical that you seek some sort of professional counseling. The psychological trauma that accompanies rape can be magnified in situations where a woman knows the rapists personally, it is critical that victims of date rape seek medical and emotional support.

ANSWERS TO SELF-TEST:

1. More than 1/3 of reported rapes are committed by a man who forces or tricks his way into the victim's home. More than half of all rapes committed occur in a private residence.
2. In 93.2% of rape cases both the man and woman were of the same race. Only 3.3% of cases studied involved black men attacking white women.
3. The Federal Commission on Crimes of Violence states that only 4% of the reported rapes involved precipitative behavior on the part of women.
4. Interviews with rapists at Bridgewater Security Treatment Center in Massachusetts indicate that sex was the chosen mode of expression rather than the motivating factor in rape.
5. Studies show that 90% of group rapes are planned in advance and that 58% of rapes committed by an individual man were planned.
6. A study at New Jersey State Prison showed all rapists studied had available sexual relationships, and that 60% were married and led normal sex lives at home.
7. When a rapist uses a lethal weapon, resistance on the part of a woman is dangerous if not impossible. A woman might not struggle because she fears for her own life or physical abuse.
8. Statistics vary from 48% to over 60% (recent FBI figures), but there can be no disputing the fact that rape by an acquaintance is a most frequent occurrence. Relationships between the rapist and victim often range from casual acquaintances to close relatives and spouses.

Four Stages of Acquaintance Rape

The above account is one example of an acquaintance rape. Every rape is unique, but most sexual assaults by someone the victim knows follow an identifiable four-step pattern:

1. A woman feels her personal space is violated (for example, the acquaintance places his hand on her knee or back, or kisses her). This is particularly common at campus fraternity parties where loud music and crowds force the couple to stand very close together. Alcohol and/or drug use often precipitate in incidents of sexual assault in such a setting.

2. The woman does not appear sensitive to this intrusion and may not

object verbally. The potential rapist may escalate his advances—perhaps placing his hand on her buttocks. This contact may cause her to feel uncomfortable and she may suggest going some place less crowded. He may misinterpret this as her way of “getting him alone.”

3. They move to a secluded or more private place (for example, the man's dorm room or car).

4. The actual rape or assault occurs.

This is a general pattern of acquaintance rape. Although every rape and rapist is different, alcohol and/or drugs are often involved in incidents of sexual assault. At Duke this is a particularly salient factor.

Self Defense

Since 60% of all rapes are by acquaintances and are most often in the victim's home, it is a fallacy that a woman will avoid rape if she avoids all dark, deserted areas of campus. A good way to approach personal safety is to 1) take a self-defense class, 2) stay alert of your surroundings, 3) take realistic caution in any situation that may be threatening.

Knowing how you will respond to an attack or threat may be the most important preventive measure you can take. Every woman should think about what she would do in case of attack. Don't wait until your personal safety is threatened or someone you know is attacked. Read and think about the safety tips below now, analyze your likely responses now, and discuss campus safety with male and female friends.

A basic knowledge of self defense may protect you against serious attack, but it can also help you to cope with that all too common fear of attack. It gives you added control over your physical vulnerability, and may just increase the bounds in which you feel safe to travel free of anxiety.

Duke's Public Safety, Panhel, and various other women's organizations on campus sponsor self-defense classes throughout the year. All women at Duke are urged to attend at least one. In addition, the Triangle Women's Martial Arts Center provides self-defense classes taught by qualified women self-defense instructors. Contact them at 682-7262 for more information.

Self Defense While Walking:

1. If you are walking alone, then:
 - Don't daydream. Be alert and aware of your surroundings.
 - Look confident and walk briskly.
 - Carry a whistle. Keep it ready in your hand so you can use it as a weapon if necessary.
 - Talk loudly to yourself or behave in an unusual manner. This may discourage potential attackers.
2. If asked for directions, do not go too close to the car. Remain up on the curb to avoid being pulled into the automobile.
3. If you are being followed by someone on foot:
 - Cross the street and vary your pace. Look behind you confidently to let him know you spot him, but not as though you are afraid of him.
 - If the person persists, run to the middle of the street or yell "FIRE!" (people are more likely to respond to a fire than a rape).
 - Stop at a store or lighted home and call the police. Do not enter the home; have resident phone for you.
4. If you are followed by a car:
 - Walk in the opposite direction or along grass.
 - Go up a one-way street.
5. If you are attacked:
 - SCREAM!!
 - Hit attacker with any packages you may have—books, bags, purse, etc.
 - Scratch, bite, kick in groin, or dig heels into foot.
 - Do something repulsive: vomit or urinate.

Self Defense When Driving:

1. Check back seat before entering.
2. If followed by another car, drive to the nearest police station, public building, or lighted parking lot and HONK your horn.
3. Do not stop to help motorists with car trouble. Report incident to the nearest service station.
4. If someone tries to enter the car, when you are stopped at an intersection, honk and drive away. If the person enters, take your keys and leave. If you cannot get out, toss your keys out the window.
5. When using public transportation: Wait for buses in well-lighted areas, and sit near the driver. Ask cab drivers to wait until you have entered your home safely. Avoid riding elevators with a lone man or only men; wait for the next available car.

Dorm Safety Precautions:

1. Always keep your door locked, even if you are just going to the bathroom, especially while you're sleeping.
2. Keep bathroom doors locked.
3. DO NOT prop open fire doors. Carry your card key at night.
4. If someone suspicious is walking around the dorm, question that person to find out exactly whom they are visiting or call Public Safety and give an accurate description of the person.

Emergency Telephones: Emergency telephones are located at strategic, available points throughout campus. They have yellow boxes, topped by white lights. (Also, most elevators are equipped with emergency phones.) These telephones are connected directly to Duke Public Safety, so you do not need to dial. The Police can pinpoint the location of the call immediately and will respond quickly.

Duke Student Escort Service is available from 10pm to 2am, seven days a week. Call 684-2218. After 2 am call Duke Public Safety at 684-2444. Officers will escort students on campus.

If you are Sexually Assaulted

If you are sexually assaulted by an acquaintance or otherwise, there are three steps you should take: 1. Report the Crime, 2. Seek Medical Assistance, 3. Seek Professional Psychological Counseling.

1. Report the Crime to Law Enforcement

Reporting a sexual assault or rape is one of the best ways to prevent rapist from striking again. Informing local police does not obligate you to press charges—that choice is up to you. You can request anonymity if you decide not to prosecute, relating everything you remember about your attacker and nothing about yourself. And, above all, report the crime as soon as possible.

Filing a Report: Filing a report means calling an officer to the scene. The officer collects basic information and evidence. A detective conducts a thorough interview with the victim and will interview the suspect. If enough evidence of force is found the file goes to the District Attorney. Consent is the main criteria. If there is not evidence of a physical struggle, “intimidation” and “disregard for the victims’ wishes” are primary criteria.

A Blind Report: Sometimes a rape victim wants the police to know an assault has occurred but does not want to file a formal complaint. Should you wish to remain totally anonymous, you may convey the information through an intermediary at the Rape Crisis Center (683-8628) who will pass it along to the Sheriff's Department. Police cannot make an arrest from a blind report, but this information may prove helpful in solving other cases. Your identity will remain unknown, but you will have aided the police.

Why do so few women report sexual assault crimes?

Unfortunately most victims (including those at Duke) are not likely to file a report. (Nationally, it is estimated that only 10% of women attacked by acquaintances report the crimes.) Because of guilt and the fear that no one will believe them, Public Safety Officer, Ruby Thompkins says a small percentage of assaults at Duke are reported.

If you are unsure or reluctant to file a report, consider the following:

- studies show most convicted rapists had committed large numbers of rapes before being reported even once. More than 80% are multiple rapist.
- even if you cannot identify the assailant, the information you supply could result in closing other rape cases.
- information about any rape gives the police a more accurate assessment of the problem in this area.
- you will be eligible for financial compensation provided by the Victims Assistance Act; this will cover your medical expenses.

2. Obtain Medical Assistance

Immediate medical care after rape is essential for a woman's general well-being and imperative if she wants to press charges. Risks include physical injury, venereal disease, AIDS and pregnancy. The necessary medical care can be obtained from a personal physician, Duke hospital, or an emergency clinic.

A medical exam becomes particularly crucial if there is significant chance of pregnancy — that is, if the sexual assault occurred during or near the middle of your menstrual cycle.

Police may use clothing and selected physical evidence if you decide to prosecute; therefore, do not change clothes, bathe or douche before seeking medical assistance. Evidence of sexual assault and rape can be gathered usually up to 24 hours after the crime, provided the victim has not bathed or douched, but sometimes even if she has showered.

In a trial, delay of more than 72 hours in seeking medical assistance may be used by the defense as evidence that the victim did not really view the incident as rape or as a threat to her physical well-being.

If possible, take a change of clothes to the emergency room. If you have a private or family physician, phone and have her meet you at the hospital. You will be examined for evidence of penetration, force, oral/anal sex and efforts at resisting attack. After you have received medical treatment, arrangements can be made for you to stay overnight in the student infirmary, if you wish.

3. Consider receiving professional psychological counseling

Being raped or attacked violates the sense of bodily security, that feeling that "my body is mine and mine alone." Many rape victims report severe depression and feelings of isolation because they no longer feel "at home" in their bodies. Often victims experience denial or simply pretend it never happened.

Counseling is instrumental in helping victims deal with their problems now, while at the same time preventing unforeseen but severe emotional scars in the future. Verbalizing your anger, fear, loneliness, and hurt is instrumental in overcoming such emotions. Do not underestimate the serious psychological and emotional effects of a sexual assault. Talk to a trained counselor. Contacts are listed at the end of this chapter.

Common emotional responses to rape include feeling:

- afraid, especially of being alone
- guilty, or believing that the victim provoked the assault or could have done something else to prevent it
- angry and depressed
- out of control

Common physical responses to rape include experiencing:

- sleep and eating disturbances
- physical pains and soreness

Common behavioral responses to rape include undergoing:

- fear of leaving home/room/campus, of being alone, of socializing
- inability to work or study
- a changed attitude about sex and men
- changes of phone number, living arrangement, or other factors in lifestyle
- nightmares

Because of the seriousness of post-rape or post-assault trauma, victims are urged to seek psychological assistance as soon as possible after the attack. Psychological or emotional problems may not appear immediately.

A woman speaks out:

Just before a scheduled school break not so many graduations ago, I was out running my favorite route —between east and west on Campus Drive. It was around 5:00pm, and I was cursing myself for the zillionth time for eating so much for no reason. I was also chiding myself for not dressing warmly enough. I decided to pick up the pace to get warmer rather than to go all the way back to new dorms.

As I was rounding a bend, a large man jogged slowly towards me. I heard little alarm bells and started running in the middle of the road as I was about to pass him. 'Silly, this is Duke. Relax.' I told myself. He stopped and asked me where Duke University was. I stopped and thought the question was odd, since he was exactly between East and West. Nobody else was around. Just for a minute. Before I answered he grabbed me and swung me around 180 degrees and into the pine trees. He beat me as the East-West bus drove by. I was so scared it didn't hurt at all. Around this time, I just wanted to live.

Soon we were deep into the woods. Nobody could hear my screams anymore. I cannot adequately express how scared I was. I tried to remember every article I had ever read in Seventeen magazine about rape. 'Tell him you're pregnant.' 'Go to the bathroom in your pants.' 'Tell him about yourself so he can see you as a person and not as a thing.' I did it all. He raped me for over two hours. He stopped as soon as I started to cry then he told me how much he respected me.

As soon as he left I flagged down a car to take me to Public Safety. It never occurred to me not to report it. I made the driver promise —hand held in boy scout fashion —that he wouldn't rape me before I would let him take me two blocks. I was thinking that I was embarrassed to be getting blood on his car. I was ecstatic to be alive, and started crying with relief. I was thinking about stories I'd heard of women not being taken seriously by police, and I was determined to have this guy caught so I stuffed all my feelings and tried to be cool once I got inside. I didn't recognize my face in the mirror —it was swollen and was all the wrong colors.

Public Safety couldn't have been more understanding, nicer or more sympathetic —especially Captain Dean. And not just on the night of the attack—through over a year of very frequent contact. Several officers went to the scene immediately with the guy who had picked me up. I had hypo-thermia and another officer gave me his jacket as we went to the hospital.

Someone asked me if I wanted to make a call. I was thinking that I didn't want anyone to know what had happened, and that this was going to be my secret. I thought, 'I just had a horrible two an a half hour experience, and now I'm going to forget about it and pretend it never happened.' Looking back, this was very

destructive towards recovery. I had the nurse call one of my best and most trusted friends so she could bring me clothes (some were still in the woods, and the ones I had were ripped) and give me a ride back to my dorm. I had to give physical evidence that I had been raped, including sperm traces and pubic hair compared with some of mine. It seemed to take forever, and I was becoming more and more anxious to be alone. When I finally saw Kaye at the hospital, I lost my resolve to keep my secret. She took one look at me and started crying right away, and I was talking as fast as I could telling her what had happened. Right from the first I was thinking about the trial I assumed would happen, and I wanted to be a good witness and didn't want to be called 'hysterical' so I was still keeping a lid on my feelings. Sometimes I even giggled. Mostly I felt anxious as I wrung my hands and fretted about nothing in particular.

Public Safety couldn't find where the scene was, so I had to take them there that night.

Around 1:00am Kaye and I left for her apartment (thank goodness she insisted—I ended up living there for the rest of the semester) with prescriptions to keep me from getting pregnant and VD. I have heard that the 'morning after pill' is no longer used, since it is the equivalent of taking five years worth of birth control in five days. I was miserably sick the whole five days.

I was absolutely terrified to walk from the parking lot to Kaye's apartment, at the same time I thought how irrational I was being so I tried to ignore it. Every rape victim should have a friend like Kaye. She created a safe environment for me to be, express my feelings, and continuously acknowledged me for getting out alive, for being brave, and for how I was handling the whole event. Most of the time I thought I was just scraping by with a tornado of feelings inside, but Kaye would pour over how great I was doing. Many times I didn't want to hear it, but she kept it up even when I wasn't making it easy for her to support me.

I took a shower and began to ache all over. Everything hurt. I put my head on the pillow to get some sleep and pulled it up in terror. I soon realized that I couldn't let my mind wander, because it would go directly into a fear of death. Although I did drop a course, I had one of my best semesters academically because studies kept my mind occupied. Kaye dropped a course, too, and had to take five courses her senior year.

We went back to the hospital for sleeping pills and tranquilizers. I took sleeping pills every night for over eight months and had horrible, sweat-drenching nightmares for years. I felt out of control of my body—that anyone could do it again if they really wanted to. I had paralyzing fantasies about men coming in with machine guns and taking me out of French class. I got up in the middle of the night to make sure the door was locked at least twice, sometimes more, for over a year. I never admitted this to anyone.

At one point I didn't want anyone to remind me of those intense feelings. I remember wanting to cry very much just after I escaped, but when I called my parents, I remember not wanting them to make a big deal about being raped. I wanted to leave my godmother when she started to cry. But a month or so later, I did want to cry, but I felt like I had lost my window of opportunity. Everyone was

amazed, 'You're doing so well, you're really together.' I went through sorority rush only a little over a month later and was accepted into my favorite sorority. I was doing exceptionally well academically. I could walk down main quad and laugh and tell stories with anyone. I was so strong for so long that I fooled many people. My mother, trying to help me the very best she could with a situation no mother is prepared to deal with, also didn't want anyone to 'find out' and encouraged me to stick with my original plan. We didn't tell my older brother for weeks, and I didn't tell my sister for five years.

Duke is a small school, and I didn't want to be known as 'the girl that got raped.' I took a week away from school and then explained away my unhealed beating marks with the same story, except that I had gotten away. I never thought about it being published in *The Chronicle*. They didn't mention my name, but for my circle, they didn't need to, it was obvious enough. Every year our beloved campus focuses on an issue — South Africa, Central America, materialism, student apathy — that year it was rape. It seemed I couldn't open the paper without another rehash or new drawing of the rapist or a full page of editorials on rape. The xeroxed newspaper clippings were inside every women's stall on campus. Now, I understand the importance of awareness and prevention, but I felt like I was drowning. I had to go to Public Safety constantly to look at more books, to go to a restaurant or public place where someone looked like the drawings, or even to a courtroom to identify a rapist in another case. I felt like I woke up and went to sleep with the subject omnipresent. It was even a hot topic during sorority rush. Innocent of malice, women would tell me wild exaggerations they had heard through the perpetual motion rumor mill, while I would nod. I didn't just not want them not to know I had been raped, I didn't want to have been raped.

The administration was terrific. Whatever I needed they provided. I was moved to Main West and got a special parking pass. They contacted my professors about work that was handed in late and dropped the class for me. They provided a counseling service, but after two or three times I quit going.

I did the best I could with the tools I had then, but if I had it to do over again, I would have been much kinder to myself. I would have acknowledged my hurt, and worked toward recovery, even if that meant blowing my cover. I would have taken the remainder of the semester off. I wouldn't have beat myself up for panicking whenever I was alone or even for having nightmares. I would have accepted the help that was offered. Instead, I thought I was a weak person and wasn't handling it well because I couldn't just 'pretend it didn't happen.' I've learned to be gentler to myself - it just took a long time. Now I can look back, and it's like a healed bruise. It doesn't hurt to touch it.

One of the reasons I found recovery to be so difficult is that we as a society have no customs for dealing with rape. People just don't know how to handle it. As opposed to death, where we have rituals to acknowledge the dead and periods of mourning where people receive nice cards and flowers from friends. People come up to them and address the subject up front and say, 'I know you must be in a lot of pain and my heart is with you. If there's anything I can do...' And they

understand if you're under the weather. Whereas with rape people don't know what their role is supposed to be. Most people, not knowing what to do, try to ignore it and put the best possible face forward, especially if the victim is willing, or trying desperately to play the same game. In fact, I was trying not to 'mourn' at all.

I thought that I was the least likely candidate to be the victim of a violent crime. I have always been physically strong and fit. I had thought I could fight off anyone. After all, I fought off my huge brother for thirteen years! Philosophically, I was accomplished, goal oriented, and not at all 'sissy.' In some respects I was 'one of the guys.' I think we're now calling that 'a woman of the 80s. I now realize that no matter how cautious, strong or skilled a fighter I am, I will always be a candidate because I'm a woman. Sometimes I shake my head in disbelief when I see women running in the dead of night, women much smaller than I was, on the same route where I was attacked. I think, 'they don't know what they're risking. That jog isn't worth it.' And I get equally upset at the fact that I can't run after fudge cake and enjoy the night air while my brother can.

One last word. In a sense I was very lucky. It was almost a 'classic' rape — the kind people are automatically sympathetic towards. I didn't know my attacker. I wasn't wearing sexy clothes. I wasn't running in a remote or sleazy area. It wasn't dark. It was obvious I had fought very hard. I hadn't been drinking and I wasn't on a date when I was raped. All of this makes it very easy to sympathize with my case and left me with many people willing to help. If I had known my attacker and the setting had been different, perhaps accepted a ride home from a fraternity party, or if I had been drinking, I doubt that my feelings after the rape would have been any less painful and difficult. It still would have been rape. However, I would have had the added burden of feeling that I deserved it, or that I was asking for it, and I may not have had the same help and resources.

Trinity Alumna '85

Where to go for assistance

Public Safety

- Duke Public Safety 684-2444
Contact: Ruby Tompkins, a trained rape crisis companion, and staff specialist or Captain Dean. Female officers are included in patrol units and the detective's section. You may request to speak to a female officer.
- Durham Public Safety (City) 683-4441
Contact: Lt. Emy Fishel, Lt. George Hare

- Durham County Sheriff's Department (County) 682-5757
Contact: Det. Chet Dobies, Det. R.D. Buchanan

Medical Care

Emergency:

- Duke Hospital Emergency Room 684-2413
- Duke Infirmary (Free of Charge to Students) 684-3367
- Durham County General Hospital 470-5345

General Medical Services:

- Marshal Pickens/ Student Health : 684-6721
Pickens Building, 2100 Erwin Rd. Mon.- Fri. 8:30 am. to 5 pm.
Student Health offers information, assessment, and referral concerning sexual assault and rape. Contact: Jan Kaufman
- Raleigh Women's Health Center/ Abortion Clinic: 832-0535
917 West Morgan Street, Raleigh. Mon.-Fri. 8:30 a.m. to 5:30 pm.
- Triangle Women's Health Center: 942-0011
109 Conner Drive, Chapel Hill Mon.-Sat. 8:00 a.m. to 5:00 p.m.
- Duke Medical Center Women's Clinic: 684-5473
Duke Hospital—1st floor Mon.-Fri. 8:30 a.m. to 5:30 p.m.
- Durham County Health Department—V.D. Clinic: 682-8170
414 East Main Street Mon.-Fri. 8 am to 11 am and 1 pm to 4:15pm.
They provide VD information, testing and treatment, free of charge.
(No appointment necessary)

Counseling

- Durham Rape Crisis Center: 683-8628
Hours of Operation: Open 24 hours a day, 7 days a week
Fees: Free of Charge.

The Durham YMCA Rape Crisis Center is a volunteer service that provides direct services to victims of rape/sexual assault and their families and friends. Trained volunteer rape companions provide the following services: confidential counseling; accompaniment—to court, the hospital, police station, and throughout the law enforcement proceedings if necessary; medical and legal information; emergency housing and transportation; information and referral.

To reach a Rape Crisis Companion, call Helpline of Durham at 683-8628 and ask to speak to a Rape Companion. Your call will be returned as soon as possible, usually within 15-30 minutes. Helpline volunteers are available 24 hours a day, seven days a week. Services are free of charge.

If you are interested in becoming a Helpline volunteer, call the Durham YWCA at 688-4396 and ask to speak to the program director. Training sessions are offered at least three times a year.

- **Counseling and Psychological Services (CAPS) 684-5100**
Staff can be reached at all hours in an emergency, at 684-5100. CAPS services are confidential and free of charge to all currently enrolled Duke students. Students may request a female counselor. Immediate services are available on request. If necessary, they can refer students to other professionals in Durham.
- **Duke University Psychology Clinic: 684-6344**
2101 Campus Drive
Full psychological services available. Fees are on a 'sliding scale,' but many insurance plans absorb or defray the cost of psychological services. Students should check their individual insurance policies.
- **Adult Public Psychiatric Clinic: 684-3714**
Duke Hospital South, Orange Zone, sub-basement
APPC is open to all Duke students. Both long-term and short-term services are available and fees are on a sliding scale
- **Office of Student Life: 684-6488, Flowers Lounge**
Dean Suzanne Wasiolek, the Dean for Student Life, has received training in crisis intervention techniques with special emphasis on rape. She can provide administrative assistance and support to the victims of sexual assault.

Notes:

The information about sexual harassment on campus came from "The Fact Sheet for Students on Combatting Sexual Harassment"; The Women's Center at the University of Connecticut, April, 1986; and from "Sexual Harassment: A Guide to Resources at Duke University."

Recommendations on handling sexual harassment and the guidelines for letter-writing were taken from "What Can Students Do about Sex Discrimination?" and "Writing a Letter to the Sexual Harasser; Another Way of Dealing with the Problem"; The Project on the Status and Education of Women of the Association of American Colleges, 1818 R Street, NW, Washington D.C. 20009 and the Utah State University Committee on the Status of Women.

The information on handling gender harassment was obtained from the Fact Sheet for Students on Combatting Gender Harassment; The Women's Center at the University of Connecticut, April, 1986.

The *Ms.* magazine survey results on students' perceptions of rape was funded by a grant from the National Center for the Prevention and Control of Rape under the direction of Kent State University psychologist, Mary P. Koss.

Important Issues

8

Up to this point, this handbook is filled with factual information aimed at increasing our awareness and knowledge of ourselves and our role in the Duke community. The last section, however, has a different focus. This section raises issues about being women: questions that we face every day, as well as questions having long-term implications for us. There are no right and wrong decisions. These are judgments only you can make according to your own individual thoughts and values.

We hope you will talk about these issues with friends, parents, professors, in formal and informal surroundings. Talk about them, think about them, and maybe you'll want to act on them !

Sexism in the Classroom

The word "sexism" evokes images of bitter lawsuits and marches in support of the Equal Rights Amendment. But sexism does not have to be as overt as inferior pay, crude jokes, or pornographic pictures to become a legitimate issue. Sexism is simply when someone is treated disrespectfully on the grounds of their sex. Sexism can be frustrating and debilitating when it is used against a woman by someone who has power over her. In the university setting, that most likely occurs in the classroom.



Sexism in the classroom can take various forms, from the use of sexist language to serious sexual harassment. At Duke, some women feel too intimidated to speak in class, especially when the class has a predominance of male students and a male professor. Some male professors value men's comments and ideas

in class more than women's and they make this bias known. Many women may hesitate to speak in class because of internalized feelings of inferiority. Often these situations occur in fields not traditionally known as "women's fields," such as engineering, the "hard" sciences, and philosophy. Perhaps women who have been in intimidating situations do not realize that the lack of female presence is a factor until they have enrolled in a class with either a majority of women or with a supportive woman professor. These issues are ones of subtle perception. Trust your judgment. If you think that sexism, subtle or overt, is a factor, it probably is. If you do not sense that sexism is a factor in your classes, observe the ratio of women to men who ask questions or are called upon in your lectures. You may observe an interesting pattern.

Sexist Language

Sexist language exists so pervasively in our society that sometimes it seems trivial to try to change it incident by incident. In the classroom, especially in classes that are abstract and theoretical (traditionally areas of male domain), the words "he", "him," and "his" are often used to refer to unknown or theoretical individuals who could just as easily be female. Many people still address letters to an unknown recipient with "Dear Sir." It is difficult to accept the argument that the male pronoun is universal. Try changing he to "she" in a text and see how the meanings change.

Often sexist language is less obvious, such as the objectification of women. The objectification of women involves looking at women as objects or using a language of objects to refer to women. Phrases such as "smart little thing" or "sweet young thing" are objectifying phrases, and belittle our accomplishments and characters.

The best way to fight sexist language is to identify what kind of language is offensive and then think about words to describe why it is offensive (e.g. "it treats women as a 'thing' rather than a human being"). Rehearse what you would *like* to say when you are confronted with sexist language (or other forms of sexism). Practice saying into a mirror: "I am bothered when you refer to all people as 'men.' Could you say "humans" or "people" instead?" or "I wonder if you would call a male student a 'bright young thing?'" The best way to change language is to gain control of it for ourselves.

Role Models

It is essential that we look to older women as role models. Seeing other women achieving what we ourselves wish to do makes us believe that we can achieve it as well. This is especially important because as women we still face institutional and personal barriers that prevent us from reaching our goals.

Some of us see our mothers as sources of strength and inspiration for our own futures. Many women on the faculty at Duke are well aware that they act as role models for their female students; they have valuable experience and advice for women in the university community. Role models can be historical figures or famous women in today's society. Being aware of women writers, researchers, engineers, artists, musicians, academics and their accomplishments gives us, as women, forms to emulate and a tradition of which to be proud.

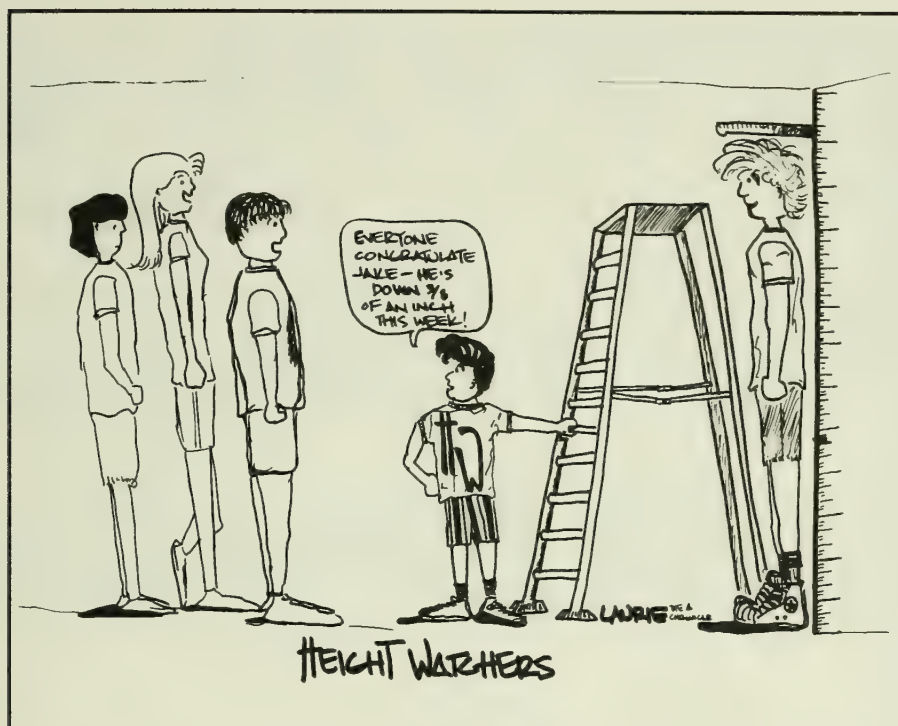
Becoming conscious of our need for role models will bring women's active participation in society to the forefront of our minds. It makes us aware of the often marginalized role of women in history. Most importantly, when we become aware of women's presences in the world, we can help elevate those presences to places of respect in our society.

Women's Futures: Our Lifestyles

Women today face futures which offer new possibilities and demand new decisions. Some of us will marry, some will live with another woman or with a man, some will live alone. Some of us will raise children with a man, with a woman, or alone. Some of us will have life-long relationships, some will be involved with many people during our lives. It is important to realize that the choices are ours to make.

Women who marry face the challenge of trying to balance society's traditional role for mothers with a strong sense of self. Some women choose to concentrate their energies on raising a family; but many women today find themselves faced with the challenge of being partners in dual-career marriages, a situation which presents many questions: Will we choose to have children? Who will care for them? Who will clean the house? Is one partner's job more important in terms of salary and relocation?

Women who choose a lifestyle other than marriage often have a sense of freedom



that comes from not being “traditional,” but they also face many prejudices foreign to married women. Lesbian women who live together constantly battle the homophobia of the majority culture, as well as coping with the usual pressures of any long-term relationship. All of the day-to-day questions about jobs, housework, and children pertain to lesbian couples. However, much of the world does not recognize or support lesbian relationships, nor the joys and difficulties inherent in them.

Some women live with a man in a close relationship but choose not to marry. The institution of marriage may bring with it expectations with which some women prefer not to burden their relationships. These women face the labels of promiscuity and immorality, and risk having their lifestyle treated as temporary or insecure, instead of as a conscious and positive choice. Just as lesbian women who choose to have children, unmarried heterosexual women who bear children face societal stigma as well as the excitement of raising a child in a non-traditional way.

Women today are increasingly gaining the economic and emotional power to live alone if they so choose. Some women make this a life-long choice; some live alone only for a time. Many people are threatened by strong, independent

women, and historically independent women have been the target of social ridicule and rejection. Even when people are sympathetic to such a lifestyle, they may not have the language, or social categories to cast such a lifestyle in a positive light. Nevertheless, living alone can be a positive and strengthening choice for many women, regardless of their sexual preference or relationships.

All women face personal and political questions about lifestyle, and all of us benefit when we discuss them together either informally amongst ourselves or publicly in handbooks, women's groups, religious settings or political forums. For example, the myth of 'super-women' is leading many women to think they can not 'do everything' ... so they opt out of careers completely. If we do not talk about the burdens of double duty, the difficulty of raising a family and having a career without child affordable care — if we do not interject some reality into the myth of superwomen, we too may well face burn-out, and perhaps give up the opportunity to have successful careers.

Men need to be concerned about women's futures too; about general cases of fair legislation and equal justice and about specific cases of their sisters, mothers, daughters, friends, and partners. Both women and men need to examine their attitudes toward women as professionals, as equals in the classroom, as workers at home and as a force in society.

Feminism ... Are You a Feminist?

Many of us who wrote this handbook are feminists. Part of our definition of what it means to be a feminist is that we want women's lives and experiences to be considered valid as we ourselves, women, experience and define them. We also want the undergraduates of Duke to feel the presence of women on campus.

Unfortunately, the term feminist is often used in a derogatory way. This discourages some women from identifying themselves as feminists, and divides people who are essentially in agreement with the idea that people should be should share equal access to opportunities — regardless of their sex or gender. When you are considering whether or not you are 'a feminist' keep in mind that sexism is not always or necessarily a deliberate act or attitude. It is, unfortunately, often the result of patterns that have developed over centuries in our society that cause both women and men to think and behave in ways that are detrimental to women whether they realize it or not.

If you're unsure about what it means to be a feminist, take a look at some of the books in the bibliography—they represent a variety of experiences and opinions. But reflect on your own thoughts as well.

Part of feminism is realizing that your own experiences and thoughts are important; that male-dominated society should not dictate what is valuable in the lives of women. Feminists, through many different avenues, seek to change society so that women will live on their own terms, without being constricted by stereotypes and prejudices. To appreciate the importance of individual experience in women's lives, listen to voices of women and men at Duke talking about themselves as feminists :

I openly declare myself a feminist and have a hard time fathoming why anyone would consider this odd. For me, feminism is the movement to free both women and men from the gender prison that society has created. Feminism strives to remove artificial barriers and roles based on gender. It will allow women and men to interact as people, as fellow human beings. Is this so much to ask? Is this such a radical idea?

I realize that everyone has a different definition of "feminism" and that mine may seem conservative to some and radical to others. But this is true for any movement or political organization. The problem with the perception of feminism is that many people define the entire movement by its most radical members. This alienates people who agree with the basic premise of feminism but who don't agree with every feminist.

Trinity '91

One day in 6th grade I became a feminist. We were having grammar with Miss Costible. I sat in my usual place, in the back left-hand corner, another boring pronoun sheet on the desk in front of me. We had to look at the italicized noun in each of 25 sentences, and replace it with a pronoun in the blank beside the sentence. Most of the nouns were easy —mothers," "boy," "garbage can," clear cases of "she," "he," "it." Then I came to the "the plumber." As I lifted my yellow number 2 pencil to write "he," a thought struck me like a flash of lightning! Why not she? Girls can be plumbers too, I thought, and I wrote "she."

I don't think I thought much about it after that —until when we were all going over the worksheet in class. Miss Costible said, "Now for number 12 everyone put 'he.'" And in a voice dripping with sarcasm she added, "except for Leanna, who put 'she'." There were little gasps and giggles from the rest of the 6th graders, as they all turned around to look at me. I was mad. Why couldn't I write she? It became a private campaign for me. Ever after, on any pronoun worksheet, in any ambiguous sentence, I made it a point to alternate my answers 'he' and 'she'.

In one way or another I've felt like a crusader ever since. Sometimes I've had company on my crusade; most often I've felt alone. I could never understand why other people weren't full supporters of women's rights —until high school I thought everybody was. I felt very much alone, sometimes, in high school where the subject was completely taboo. Unfortunately, I didn't realize that until after I had

spoken up in classes once or twice for women, by then I had earned the reputation as a "radical feminist." (The only thing I remember specifically ever saying was in English, when after two months of reading poetry I asked, "Why aren't we reading any women poets?" Indeed, a truly radical idea.) I felt stigmatized — being a feminist was extremely uncool... and it was death to my social life, especially my dating life.

Okay, I thought, maybe guys aren't into this. But girls should be, why wouldn't every girl call herself a feminist? One of the saddest moments of my life came when one of my best friends told me, "Why don't you just not talk about it? You're too strong for women's rights. You're threatening the guys in our class." I have never felt so abandoned in my life. Threatening? Who was threatening whom? Was it my place to curb my actions and beliefs, so that none of the adolescent males in my class would feel the tiniest bit **threatened**?! No! I thought, and at that moment I realized the consequences of my beliefs and accepted them.

I have been teased, insulted, accused of being lesbian (in my conservative high school, one of the worst possible insults, perhaps the worst), and I always felt on the spot, as if I had to defend myself and the whole female sex at any instance of degradation. It was an exhausting job.

Trinity '91

A feminist is a person who recognizes the injustices of an androgynous society and knows that it must be changed. I am a feminist.

Trinity '91

The discovery that we are 'socialized' according to our sex — that female children play less outdoors than boys — that boys are taught strength is good while girls are taught obedience is good — made me realize how powerful a force male dominated society is and how much my personal experience was affected by larger social institutions. Feminism to me means someone will stand up to change conditions which are unjust. It means taking pride in womanhood and gaining the power necessary to make women equal partners in the creation of our culture and our politics.

Trinity '88

We are four senior women who can prove that out of the negative frustration and anger of feminism comes strength and energy as well as a lot of fun. We met in a history class during our first semester senior year, and got together when we banded together against the common enemy—a sexist book about the history of witchcraft. One Sunday night we met to eat dinner and strategize taking over the class the next day. Well, the Sunday night dinner turned into once a week, and then every couple of days plus a week at Spring Break, and now it seems as if

we're together at least once a day. Having a close group of feminist friends means always having someone to bitch to about the sexism of the world, but it also means four times as much strength, audacity, food, and love to carry you through. We've all had a lot of Women's Studies classes and read a lot of feminist writing, but the things we've all learned best about the power of feminism and sisterhood this year — come from each other.

Trinity '88

I take feminism very seriously. When I read gossip columns in *The Chronicle* or in magazines that treat feminism as a joke, as something that can be joked about, I get angry. I see no difference between racism and sexism. No one at Duke would think of publishing an article or magazine making fun of the civil rights movement, or saying things blacks might find offensive. Yet for some reason it's okay to do so for feminism and women.

To me, feminism is a life and death issue, one of tremendous concern to me, as a woman. It is **my** life and **my** death (both physical and spiritual) that are at stake.

To those who have never thought about the issue, who don't understand, my urgency try to look at it this way: How would it be if we lived in a world where all but a handful of the leaders of nations ... were women; where all but a handful of the great literary works in our language were written... by women. Where almost all the famous individuals, the heroes of the arts, of politics, of history, of sports ... were women. If we lived in a country where there had never been a male president. If we all went to a university where the president was a woman, along with almost all the administrators and faculty. Just think of the implications. Think of what living in this world would be like.

Now think of our world. Think of what that means to young woman where these positions are filled by men. Growing up — what does it make her think about herself, how does such a situation affect her dreams, and her ambitions? Yes, the world is changing, now. Things are infinitely better than they were 300, 150, 50, even 20 years ago, for men as well as women. A lot still needs to be done. Two years ago a friend told me that feminism was a thing of the past, that sexism just doesn't exist anymore. I disagree. I think that the scariest aspect of this whole issue is that more men and women don't recognize it. Perhaps sexism can't be everyone's major concern or issue. But we need to acknowledge its existence in the world and at Duke, and try to do something about it in our own lives.

Trinity '91

Why a women's handbook at Duke?

Why did I work on this handbook? Because I see an enormous need on this campus for things for women, by women—all women. Maybe we haven't addressed all the needs of all the women on this campus, but I think we've helped to open the lines of communication, and that's the first step in creating an inclusive community. Doing this handbook has been a learning experience in diversity—the people who have helped have such varied backgrounds and beliefs—and we learned to work together and find our common experiences. I believe that as women we have a common experience, and this handbook is an acknowledgment and an expression of that experience.

Vivian '89

Why did I do this? Because despite Duke's insistence on it's Ivy-likeness, in very real ways, it remains a southern, traditional institution that hasn't abandoned entirely its patriarchal orientation...because in four years I have learned from my mistakes, from my relationships (some successful and rewarding, others less so) with men as friends and lovers (boyfriends) ...because I have an emerging feminist consciousness and felt the handbook was a commendable outlet and voice for my concerns...because the handbook supports women, defines a place for them, and opens avenues for much-needed discourse about female-male relations...because date rape is frequent, frightening and happened to me. ...because sexual/gender harassment is wide-ranging, sometimes subtle, but remarkably damaging. It make me mad, it gets me steamed, it must be addressed and brought to light now...because I love Duke and want to leave something behind in return for four fine, educational years.

Anne '88

I worked on the handbook because there are not enough women-centered activities at Duke. Even in sororities more time is spent discussing what men to take to formals than on women.

Wendy '90

In high school I never had the opportunity to do something pro-woman. I'm not a feminist, more of an equaltist. I thought working for the handbook would be a productive way of satisfying my equaltist streak and a way of meeting other women sharing my views.

Catherine '91

When I started working on the Handbook, I had no idea of what I had gotten myself into, but as the semester wore on, I realized the importance of giving the women of Duke a sense of our place on campus —our history, our present situation, and the future that we mold. The Handbook is a first step toward this goal, and what we do with it is the second.

Connie '91

For Further Reading:

These books are just some writings about women and feminism that we've found helpful and interesting:

- Atwood, Margaret. *The Handmaid's Tale*.
- Boston Women's Health Collective. *The New Our Bodies Ourselves*.
- Bunch, Charlotte. *Passionate Politics*.
- Daly, Mary. *Gyn/Ecology*.
- de Beauvoir, Simone. *The Second Sex*.
- Friedan, Betty. *The Feminine Mystique*.
- Friday, Nancy. *The Women's Room*.
- Gilligan, Carol. *In A Different Voice*.
- Greer, Germaine. *The Female Eunuch*.
- Hooks, Bell. *Ain't I A Woman. , Feminist Theory: From Margin to Center*.
- Jaggar, Alison. *Feminist Politics and Human Nature*.
- Lerner, Harriet G. *The Dance of Anger*.
- Lorde, Audre. *Sister Outsider*.
- Millett, Kate. *Sexual Politics*.
- Morgan, Cherrie. *This Bridge Called My Back: writings by radical women of color*.
- Morgan, Robin. *Sisterhood is Powerful*.
- Project on the Status and Education of Women. American Education Association The Chilly Climate Papers. "The Classroom Climate: A Chilly One for Women" February 1982 and "Out of the Class: A Chilly Campus Climate for Women" October 1984.
- Rich, Adrienne. On Lies, Secrets and Silence. "Compulsory Heterosexuality: Lesbian Existence" in *The Signs Reader*.
- Steinem, Gloria. *Outrageous Acts and Everyday Rebellions*.
- Walker, Alice. *In Search of Our Mother's Gardens*.
- Woolf, Virginia. *A Room of One's Own. Three Guineas*.

If these titles interest you READ MORE! Contact the Women's Center, the Gothic Book Shop or the Women's Studies Program for more exciting titles!

Renascence Redouble

for the

*"golden girl in the gilded suit
(Espirit; \$30)" who was "born to
be beheld." LIFE*

One by one
Came each to praise
Her balanced figure
Longing gaze.

One by one
Cads, Shahs and Earls
Spouting "love"
At lovely girls.

One by one
They brought small gifts
Trinkets, trifles
Dazzling bits.

The first one donned
A bold gold band
On her substantial
unfeigned hand.

The next one decked
An ornate charm
Of amethysts
Around her arm.

Then came another
Who 'round her ankle
Snapped thick cuffs
Of silver jangles.

So they came
Each like the other,
Hanging baubles
One by one.

Heavy jewels
Weighty crowns

One by one
They pulled her down.

And as the ogled, gazed and clapped,
Slowly, she began to falter,
Tottering, sinking;
She collapsed.

No man could fathom
What had killed her
Each had left
Such harmless glitter.

Marvelling still
At jewels adorned
Men bowed to worship
The lifeless form.

'Til one by one
They gambolled off,
On to other wistful maids.
Left her on the ground,
Face down—
Ruins of their gilding ways.

Cold silence now
Filled mourning air,
Raindrops falling
Pair by pair,
Forcing worms
Away from buried earth.

Suddenly—
Loud shouts
True cries.

Suddenly—
She grasped

For time;
Screamed for unknown saviors
Unknown friends

Aware, her sisters
Spied guilt rubble,
Pulled and lifted
Tugged and struggled.
And though her flesh
Could not be seen
In mid-December's
Midnight gleams,
They sifted through
Jeweled relics
With kind hands.

Removed the band,
The charm, the chain.
Uncuffed the jingling
Foot restraint.
At her direction
They released the weight.

Her own strength now
She called upon,
Rising up
From off the ground.

With outstretched hands
She stood at last—
She could. She can.

Golden toys
Left in a heap.
Flattering boys
Left behind.

Slow and steady
Strong and proud
She sang one note;
She sang it loud.

She beckoned both
The sun and moon
To stop.
And listen to her tune.

She hailed the earth
The trees, the sky.
She blessed sure breath.
She was alive!

Rejoicing in rebirth
She laughed
And shouted.
Danced long stride:

Keeping watch
On stones below
Knowing now
What rocks can hide.

Now in hope, in strength, in power
She shuts her eyes to see.
Harbinger of the changing hour—
The woman who was born to be.

Ellie Bublick
Trinity '88

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